THE OHIO

MEDICAL AND SURGICAL JOURNAL.

Vol. 6. Columbus, January 1, 1854. No. 3.

PART FIRST.

ORIGINAL COMMUNICATIONS.

DR. DAWSON:

DEAR SIR: The following communication is from the pen of my old friend and colleague, Professor Judkins, who is now enjoying rare professional opportunities in Paris. I have perused it carefully and with the deepest interest; and I know your readers, many of whom are personally acquainted with its distinguished author, will do the same, if they can but have the privilege. Please place it before them, and oblige

Your friend,

R. L. HOWARD.

ART. I.—*Letter from Paris.*

PARIS, NOV. 5, 1853.

PROFESSOR HOWARD: I have been sojourning in this city since the 20th day of May last, and have been in daily attendance upon the Hospital and Medical Schools. During the first month of my residence here, all the knowledge I obtained was by observation alone. My ear not being attuned to the peculiar sounds produced, by running half a dozen words together; which constitutes the music of the French language. Yet the field of observation was ample. Scarcely a day passed, without affording an opportunity of witness-

appointed to the vacancies thus created.

ing operations in surgery, performed by one or more of the great masters; whilst a large number of cases, of almost every variety of disease, were presented by the crowded wards of the various hospitals.

At first I made a tour of observation, in order to become familiar with the field of operations. At La Charité, M. Velpeau continues to occupy the position of chief surgeon. His wards and amphitheatre are crowded by physicians and students. He operates with a steady hand and sure eye. He is also an active member of the Academy of Medicine, particularly when any of the doctrines of M. Ricord are to be discussed. M. Gerdi, who also has a large surgical service in this hospital, has been absent during the summer. His health is very feeble, and it is believed that he will soon resign his position in the hospital, as well as his chair in the Ecole de Medicine.

His place at La Charité is at present filled by M. Jarjaret, an Aggregé to the faculty, and author of a new work upon Surgical Anatomy.

At Hotel Dieu, M. Roux still maintains his post, and, although his locks are whitened by 73 winters, he is still active and sprightly. He operates with great dexterity. In the use of chloroform, he, as well as some other surgeons of Paris, appear to be afraid to carry its influence to complete anæsthesia.

This fear arises from the occurrence of some fatal accidents from chloroform, and from the result of some experiments made by M. Gosselin, who introduced chloroform into the veins of animals, and immediate death was the consequence; thus showing that it has a direct sedative power upon the heart.

At St. Louis, M. Cazenave has a very large service in cutaneous affections. Typhus prevails to a very great extent. M. C. is very popular, as is manifested by the crowd of students who daily visit the wards, whilst it must be recollected that this hospital is located in a part of the city, some two miles distant from the students' quarter. I have not yet seen M. Malgaigne, the principal surgeon of this hospital; but intend to avail myself of his lectures upon surgery, which will commence on the 15th of this month at the Ecole de Medicine.

At La Pitié, my visits have been confined to the wards of M. Valleix, who is a great favorite with the American physicians in Paris.

M. Maissoneuve, at Hospital Cochin, is considered one of the most promising surgeons of France. He was Interne to the celebrated Dupuytren. He is now certainly the boldest, if not the most skillful operator in Paris. He has been charged with being rash. In fact, he will undertake operations which have been declined by the most celebrated surgeons here. His manners are affable and pleasing.

M. Nelaton, of the Hospital of the Faculty, is deservedly, I think, the most popular man of all. In surgical pathology, it is said, that he has not his peer in France. He is a conscientious surgeon, and will refuse to operate unless the chances for recovery are good. His book upon Surgery, is an excellent work. His time is completely monopolized by the duties of his chair and a very extensive practice; so that fears are entertained that a great lapse of time will ensue before he will be able to complete his book.

You are doubtless well aware that M. Nelaton, by his close and accurate observations, has thrown much light upon the pathology and treatment of Pott's disease of the spine. According to him, in at least 90 cases in 100, the disease is caused by either infiltration of tuberculous matter in the vertebra, or by an encysted collection of the same matter in their bodies. In one hundred specimens examined, he found only *one* where caries resulting from true osteitis was the cause.

There is an intimate relation between the tuberculous infiltration of the bodies of the vertebra and the destruction of the fibro-cartilaginous substance, if only one of the intervertebral substance is not diseased throughout the whole thickness. But if two contiguous vertebra, are thus diseased, the intervening substance soon loses all vitality; for the vascularity of the bone is destroyed, through which it received nearly all of its supply of blood. The destruction, therefore, of the fibro-cartilaginous substance in Pott's disease, is an incontestible fact; but this destruction seldom depends upon a primitive alteration in its structure. It is true, however, that pathology has shown that the little synovial capsules may become inflamed like other serous membranes, and an effusion of sero-purulent matter result. This inflammation, at first destroys it entirely. Yet M. N. repeats, that it is very seldom that Pott's disease is caused by this accident.

The sudden production of a gibbosity of the spine, is caused by the encysted form of this disease. A deposit of tuberculous mat-

ter is formed in the body of a vertebra, without infiltration beyond the cyst. This cavity gradually enlarges, causing a destruction of bone, more or less considerable, until a point is reached, where the body of the vertebra, reduced to a mere osseous shell, is no longer capable of supporting the superincumbent weight, and it suddenly yields; the superior and inferior walls of the cavity are brought, more or less, intimately in contact, thus expelling completely or only partially, the contained matter. The superior wall inclines forward, and the spinous process of the crushed vertebra becomes straightened and prominent behind, and thus the gibbosity is instantaneously produced. The cyst, thus emptied, becomes gradually hypertrophied, and undergoes a fibrous transformation; the fragments of the bone which escape destruction, become consolidated in their new relations, and are united to one another, and thus a cure is completed. In other cases, the cavity of the cyst, not completely obliterated, is in communication with an abscess of greater or less size, through which remedies may be carried even to the cavity itself.

During the past summer, two children in the wards of M. Nelaton, presented the two varieties of this disease. The first, a little girl, had tuberculous infiltration of four or five of the inferior cervical vertebra. She could not move her head, except by the aid of her hands—she was incurable.

The other case was a boy aged about 12 years, who had suffered from an affection of the encysted form in the lower dorsal vertebra. A gibbosity had been suddenly produced, and the disease of the spine had become greatly improved, if not completely arrested. But two large abscesses had formed, following the course of the psoas magnus muscle, and had pointed on the anterior part of both thighs. It is the symptoms following the treatment of one of these abscesses, that will more particularly arrest your attention:

Symptoms of poisoning from Iodine. Before giving this history, I will say that M. Nelaton stated that, he had a woman in his wards, a little more than one year ago, to whom, for some disease not mentioned, he gave 20 drops of Iodide of potassium daily. After some time upon this treatment, she was suddenly attacked by symptoms of the most alarming character—similating œdema of the glottis, &c. By the free use of emetics, she was happily relieved in a short time.

Wishing to test the virtues of Iodine, in one of the abscesses in

the young boy, he proceeded to inject the following mixture: Tr. of Iodine 1 part, Aqua Distillatiæ 2 parts, and Iodide of Potass. q. s., to prevent the precipitation of the Iodine.

June 20. At 2½ o'clock P. M., he punctured the abscess upon the left thigh, and a large quantity of pus was discharged. After the cavity had been emptied by judicious pressure upon its walls he injected by aid of a hydrocele syringe, twice filled, the above preparation. After a few moments had elapsed, efforts were made to expel the fluid from the cavity; but not more than one-half of the original quantity could be extracted. The canula was withdrawn, and the edges of the puncture maintained, in apposition by a plaster of Diachylon.

At 3 o'clock, one half hour after the injection, the boy complained of giddiness and difficulty in seeing. This was soon followed by vomiting. The matter ejected from the stomach, resembled chocolate mixed with serum. He complained of great distress; his skin was moist, extremities cold, pulse small and thready, respiration hurried, with all the signs of great prostration.

At 5 P. M. the vomiting still persisted; but his pulse was somewhat improved. The same symptoms were present throughout the night.

June 21st. Vomiting continues; low muttering and groaning; great oppression of general system; both upper eye-lids enormously swollen and of a violet color. He complains of pain in his throat.

June 22d. He appears stronger, and is able to explain his feelings better. The throat was found to be dry, but not otherwise changed. Respiration difficult, particularly during the act of inspiration. His cough is precisely like that of croup, and there is no vibration of the voice.

The Aphonia, Croup, and difficult inspiration, are the proper symptoms of that œdema of the glotis, pointed out by M. Orfila, as symptomatic of poisoning from Iodine. These symptoms, added to the swelling of the eye-lids and the vomiting, left no doubt as to the cause, which was manifestly the absorption of the Iodine which has remained in the cavity of the abscess.

In the treatment, emetics were not to be thought of, although they had acted well in the first case mentioned. The boy had already vomited abundantly.

During the first two days, nothing but small pieces of ice and cold drinks were given. Sinapisms were applied over the extremities, and slight blisters applied to each side of the larynx.

On the 3d day after the vomiting had ceased, a pill was given containing one drop of croton oil, in order to remove any irritating matter contained in the stomach. The boy gradually recovered. If those means had failed, Tracheotomy would have been performed.

A warm discussion took place recently before the Academy of Medicine, upon the subject of Syphilis Larvée. As usual, M. Ricord occupied one side of the question, and Messrs. Velpeau, Roux, and some other savants, were arranged against him. It is said that M. Velpeau is uncompromising in his hostility to many of M. Ricord's doctrines.

The discussion followed the reading of a report upon the power that sulphurous water possesses in developing the latent power of Syphilis.

During his remarks, M. Ricord said, that he believed in a Syphilis Larvée, and expressed doubts of the existence of any system of treatment having the power of eradicating the disease. He declared that he had seen secondary manifestations appear 15, 20, 30, and even 40 years after the primary accidents. But ordinarily, the secondary manifestations follow in six months, or one year, if permitted to take its own course, and no treatment has been adopted. He would venture to say, that there was no certain prescription for the cure of Syphilis. As to symptoms of the disease which had appeared late in life, in persons who had never been subjected to a mercurial treatment, he would attribute it to hereditary transmission. He has seen persons, born of infected parents, present symptoms of Syphilis, after 20, 30 and 40 years, without ever having contracted the disease by contact. He believed that sulphurous waters had the power of developing the latent virus.

Mr. Roux said, the doctrines advanced by Ricord, upon the inefficacy of medicine to cure Syphilis, was disheartening and discouraging.

He believed, however, that mercury was powerless against latent Syphilis, and was only useful in syphilitic manifestations. He continued his remarks for some time, in opposition ; but was more mild in his denunciation than M. Valpeau, who occupied the floor for a long time, and was very sarcastic in some of his remarks. He protested against the law advanced by M. Ricord. He said he was convinced in his own mind that he had seen secondary symptoms appear after a great number of years, in persons who had undergone no kind of treatment whatever.

M. Gibert maintained the same views as M. Valpeau.

M. Ricord replied to all the objections which had been urged, and contended that what he had urged was true, upon the incubation of the disease and upon the uncertainty of a complete cure. If M. Velpeau has seen accidents appear after a long lapse of time, it was in persons either hereditarily affected, or who had undergone a mercurial course of treatment.

The late appearance of Syphilis from hereditary influence, is a fact not more astonishing than the appearance of the secondary symptoms, long after the primary accidents.

M. Ricord has always proved himself stronger than his opponents upon this subject, and he is sustained by a large majority of the best men in the profession.

M. Jobert, (de Lamballe) of Hotel Dieu, has recently submitted to the Academy a long paper, detailing a number of experiments upon animals, in order to prove the efficacy of electricity against the grave accidents sometimes produced by chloroform.

It appears, however, that his experiments were not new; for, a few days after his report was published, a communication appeared in the Union Medicale, signed by M. Abeille, who referred to his own report to the Academy, October 20, 1851. This report gave a long list of experiments analogous to those performed by M. Jobert. His conclusions had been published in all the journals, and he was much astonished that a gentleman of erudition should be ignorant of the fact.

Since my arrival, I have watched with much interest M. Jobert's treatment of diseases of the os and cervex uteri, benign and malignant; and have arrived at the conclusion that the cases which have been cured, and no return of the disease, were simply ulcerations, or cancroid affections, and not true cancer. My attention has been drawn particularly to one case, a woman aged 30, who entered Hotel Dieu about the 1st of July. She presented an irregular ulcer on the cervix uteri. The discharge was fœtid, but her general health was not much impaired. Since her admission, she has been subjected to the treatment of the *fer rouge*, or actual cautery, and which appears to have aggravated the disease; the ulcer continued its ravages, and her general health has become much worse. Skin sallow, emaciation, and all the features of cancerous cachexia established.

Yet there can be no doubt that M. Jobert has performed many astonishing cures of obstinate disease of these parts. But, as I said before, I think all belong to simple ulcers, or mere cancroid affection. The success which has attended his operations upon Vesico-Vaginal and Recto-Vaginal Fistula, is better comprehended by a person who has seen him operate. Every possible advantage is obtained. Two masculine assistants flex and divaricate the thighs; and, by the aid of angular wooden spatulas, acting as levers, the parts involved are fully exposed; so that the operation is rendered comparatively simple and easy.

M. Jobert treats fractures without the aid of splints; in some cases without bandages. In one case, bands for extension and counter-extension, were all the dressings that were placed about the limbs. I will give you the result after I have ascertained it myself.

By the way, a case managed in '53, now in the wards of Hospital Cochin, is being treated for fracture of the neck of the femur—intra capsular. The only apparatus made use of, is a simple cross-piece at the foot to keep the foot steady, and prevent any lateral movement or rolling motion of the leg. There is no extension or counter-extension used, and no dressings whatever near the region of fracture.

The treatment of Aneurism, Varix, &c., by injections ot the per chloride of iron, is receiving a great deal of attention. I have seen its efficacy tested in an Aneurism of the Bronchial Artery, under the care of M. Valpeau, at La Charité: it failed, and he was compelled to ligate the artery: it has failed also, in some of the other hospitals. Before the American Medical Society of Paris, last week, Professor Brainard, of Chicago, stated, that the failure in these cases, was owing to the fact that the canula for conveying the solution into the sac, had never been carried far enough, so that the injection was thrown between the layers of the old coagula, and could have no other effect than that of causing irritation and inflammation. He mentioned the steps of M. Velpeau's operations, and called attention to the fact, that true arterial blood did not follow the introduction of the canula. Prof. B. stated that he had used a solution of the Lactate of Iron, as injection in vessels, which caused their obliteration—this he reported in 1850. The quantity of the article used at each injection, varied from one to three grains. Recently, in London, he produced a complete cure of a large aneurismal tumor of the orbit by the same remedy. This case is reported in the London Lancet of October last.

M. Demarres, author of the best work in French, upon Diseases of the Eye, has a very large clinique three times a week. He is a beautiful operator and an ambi-dexter. He always, I believe, operates for cataract by extraction, and is generally successful.

In the cure of Tumeur Lachrymale, or chronic inflammation of the lachrymal sac, he adopts a new method; the object is to obliterate the sac by the use of the actual cautery. He first makes an incision into the sac, commencing immediately below the Tendo-Occuli, and carrying it downwards, inclining a little outwards, for one-half or three-quarters of an inch. "After the bleeding has ceased, he applies the hot iron to the sac, taking care to avoid the edges of the wound, which is held open and protruded by two flat curved instruments. He is also particularly careful to avoid carrying the point of the hot iron on the side next to the ball of the eye. I have seen some seven or eight patients operated on in this manner, and, with one exception, they have apparently been cured."

About two weeks since, he operated on a poor fellow who had a piece of percussion cap lodged in the posterior part of the globe; he was suffering intensely. M. Demarres made an incision behind the cornea, through the sclerotic and choroid coats, and then carried a small pair of forceps through the opening in search of the foreign body. His search was fruitless; but the intense pain which he had previously suffered was greatly mitigated.

On Wednesday last, Nov. 4th, M. Maissoneuve removed nearly all the bones of the right side of the face. The patient was a man aged about 50. Several years since, a small wart-like excrescence made its appearance on the right side of the upper lip. This was removed by M. Logier, Surgeon of La Pitié, who pronounced it a case of cancroid affection. Sometime after the removal, it reappeared, gradually enlarged, and finally assumed an ulcerated form.

When this man entered the wards of M. Maisoneuve, some three months ago, he presented a revolting picture. The angle of the mouth, part of the upper lip, and the superior half of the cheek were gone. The large cavity, with its projecting, rugged and indurated edges, formed some resemblance to a magnified chancre. Indeed it had been thus diagnosed at some period of its history, and an anti-syphilitic course of medication had been prescribed.

During the past month, the bones were found to be deeply involved in the disease, and the sub-maxillary gland swollen. The lymphatics in the neighborhood were little affected; no signs of cancerous ca-

chexia were present; the general health being comparatively good, several kinds of treatment were tried without success. Internally, Mercurials, Iodides and other remedies, were given; and, locally, preparations of Arsenic, Chloride of Zinc, Hydrochloric Acid, and the Actual Cautery, were successively tried; but all appeared to have no other effect than that of aggravating the disease. The poor fellow was informed that his only chance for life was in an operation, to which he finally consented. The operation was performed on last Wednesday. The upper jaws Malar, a portion of the Nasal, and all that part of the Inferior Maxillary between the Mental Foramen and the Articulation, were removed, together with portions of the Parotid and Sub-Maxillary Glands. A large number of small arteries were ligated, and the Actual Cautery was applied to several parts in the large cavity, resulting from the removal of so many parts. If I understood M. Maissoneuve correctly, he believes that the disease was a combination of Cancroid Affection—Hospital Gangrene.

To-day, Saturday the 16th, this patient appears to be in as good condition as could have been expected. The large cavity is left open; no dressing as yet. Judging from the history of previous cases, I should say he has but little chance for life.

I will add here the report of a case made to the Academy of Medicine, by M. Maissoneuve, which is as follows: Dr. J., a member of the Academy of Medicine, and Chairman of the Committee on Vaccination, has been occupied for several years, in sending into various departments of France, liquid vaccine virus, preserved in small glass tubes. This work of enclosing the virus, which was performed by himself, required that he should hold in his mouth a certain number of these tubes. Several times his tongue was slightly wounded by their points. After some time, the wounded part became indurated; but these would often disappear after the lapse of a few days. At length the induration, thus formed, presented and gave rise to a most grave disease. Tormented by the persistance of this induration, he attempted to remove it by cauterization. He first employed the Nitrate of Silver, then the Acid Nitrate of Mercury. But this treatment, far from arresting the progress of the disease, only served to aggravate it. Large plaques developed themselves upon the whole surface of the tongue, and later a deep ulceration invaded the central part of this organ. In compliance with the advice of some friends, he submitted to a more energetic

cauterization with the Actual Cautery. But this gave new activity to the disease. All of the anterior part of the tongue, as far back as the Calciform Papilla, became the seat of a considerable induration; while, at the same time, the central ulcer made rapid progress. To these symptoms were very soon added lancinating pains, which prevented him from having any repose. He consulted Dr. Ricord, who submitted him to the full influence of the Iodide of Potassium; but in spite of this treatment, the disease became more aggravated from day to day. The tongue, enormously swollen, ended by obstructing the saliva which had flowed continuously; speech became impossible, and he was compelled to subsist entirely upon liquid food. It was under these circumstances, that, by the advice of Dr. Ricord, he came to consult me. In presence of such a grave affection, in the relief of which all medication had failed, I believed it my duty to propose amputation, as the only resource. It was performed on the 24th of August, at the Maison de Santé of M. Pinal, in the presence of Drs. Ricord, Larrey, Richard, Damolet, Laughlebert, Pinel, and Alexis Favrot. The patient, having been placed under the influence of chloroform, I made, at first, an incision through the lower lip and soft parts on the median line of the chin, and then, by the aid of the chair-saw, I made the section of the bone, the two parts of the inferior jaw being separated so as to enable me to seize and draw forward the tongue: by a rapid dissection, the diseased parts were removed, more than the anterior half of the tongue, and to the depth of eight centemeters. The sublingual gland was sacrificed, Ligatures were applied to each of the important vessels, so that but little blood was lost. After this operation, the branches of the lower jaw were brought together and maintained in contact by means of thread wrapped around the incisor and canine teeth. The ligatures of the vessels were directed under the chin, through the inferior angle of the wound, and the edges of the divided parts were retained together by the twisted suture. In spite of the extreme gravity of the affection, no accident resulted. The union of the internal parts was, by the first intention. The cavity produced by the great loss of substance, was rapidly filled; the bone is consolidated; and to-day, forty days after the operation, the patient has recovered his speech, and the power of taking and chewing his food.

From the happy termination of this case, and the result of other operations, in the healthy parts of this city, I am induced to believe

that the terrible fatality attendant upon surgical operations, in the large hospitals, is entirely owing to the impure air of the wards. During the past three months, I have seen a large number of capital operations, performed in the most skillful manner, and probably by the best surgeons in the world, followed, in a few days after the operation, by erysipelas, purulent absorption and death.

I have seen three cases of chronic inflammation and ulceration of the knee-joint, treated by free incisions being made into the joint, on each side of the knee, and the contents washed out by means of a syringe. In two of these cases, symptoms appeared demanding amputation: after which symptoms of purulent absorption was manifested, and death soon followed.

The third case gradually sunk from constitutional irritation, and died on Friday last.

M. Valliex, the distinguished physician of La Pitié, has been treating acute rheumatism with the Sulphat of Quinine. He often premises one or two venesections, and then places his patient upon 2½ or 3 grs. doses of the Quinine, repeated at intervals, that will permit him to take about 40 grains in 24 hours. This treatment, in his hands, has been followed by the happiest results. Often the patient is completely relieved of his sufferings in the course of four or five days.

At Hotel Dieu, they are testing the virtues of Veratria, in the same disease; but nothing conclusive has yet been determined.

A new instrument has been presented to the Academy by M. Secrelan, for operating upon the male urethra. He says that a single introduction of it will serve a triple purpose—drawing off the urine from the bladder—exploring, and cauterizing a given point of the urethra.

The Union Medicale, of this morning announces the resignation of M. Louis, at Hotel Dieu. The cause assigned, is the severe illness of his son, whom he intends to remove to a more genial climate.

The same paper contains a long article upon cholera: the first part is a very lengthy report from M. Jolly. I gather from it that he has arrived at nearly the same conclusions of M. Gros, of Moscow, who sent a paper to the Academy of Medicine, and which was published in the Gazette des Hopitaux of last week. They are as follow:

1st. That the mortality of Cholera is as great as it ever was, malgré the different kinds of treatment which have been reported as efficacious.

2d. That Cholera is not contagious.

3d. That its connection with meteorological and hygienic agents, is more obscure than ever.

4th. That Cholera Emblée is rare, if not impossible.

5th. That the organic perturbation is always announced some time previous to the violent invasion of the disease.

Up to this time, no case of Cholera has occurred this year in Paris. I learn, however, that it has appeared in Brussels, and two fatal cases have appeared at Havre.

J. P. JUDKINS, M. D.,
Prof., etc., Miami Med. College of Cincinnati.

ART. II.—*Hints on Blisters*—By T. W. BRADLEY, M. D., Florence, Pennsylvania.

That blisters constitute a remedy of much value, I believe all *regular* practitioners admit. No matter how produced, they may be used advantageously, but in order to derive all the benefits they are capable of conferring, they must be used with much care and discrimination, and to a want of this—I think—may be atributed much of the disappointment, and many of the evils resulting from their use. In fact most of the old remedies—or those which have been long in use are used carelessly, and their effects very little scrutinized the *new ones* only receiving much attention. The many ways by which a blister may be produced, I shall not notice, but confine my remarks particularly to blistering by cantharides.

That inflammation is essential to the production of a blister, I believe all agree, and that inflammation of *a part* will affect the whole system, (or at least will produce what may be termed a *general* impression,) is a fact upon which often their application is based—but that cantharides exert a *specific* influence, independent of their power to vesicate, should, I think, be borne in mind when they are used for this purpose, or, (in other words,) we should recollect that while we are making a *local* impression, we cannot avoid a *general* one. Often, it is true, this is desirable, but to know whether it is or not, and to be governed by that knowledge, is essential to the judicious application of a blister. We should recollect that cantharides in ad-

dition to their being vesicant, are a general stimulant, a Tonic, an Alterative, &c., and although they may not produce those effects when we don't want them, yet by virtue of their *power to do so*, they may do something much less to be desired.

But to a blister independent of the collateral powers of the fly. To produce this, inflammation to the extent of detaching the cuticle, and forming a collection of serum is necessary, and that congestion of the vessels of the part must precede inflammation is obvious. Then the fact should not be lost sight of, that the blood can only perform its functions healthfully, when its elements exist in their *normal proportions*, and that this serous discharge, may disturb the equilibrium. Again, it is said, that inflammation increases the fibrine, as well as its plasticity; and will not our observation justify the conclusion, that cantharides have some power to do so, independent of the inflammation. But to the rule that they increase the plasticity of the blood, there are exceptions, examples of which we have in those malignant fevers in which the aplasticity of the blood continues, despite the application of blisters. Of this it seems to me we should not think strange, as we have evidence that in those cases, the material or pabulum, from which fibrine is formed is not present in the blood, but under ordinary circumstances, they no doubt do increase the plasticity of that fluid, or in other words the amount of fibrine. Hence, to apply them where this element exists but in its normal proportion, might be injurious by increasing *positively* the amount of the plastic material, and *decreasing* positively the amount of serum, a two-fold means of disturbing the equilibrium of the blood. If the blood is too plastic, that condition should be changed before a blister is applied, and if the elementary condition of this fluid be normal, should we not adopt measures calculated to prevent this change? Certainly we should, for although a change of this kind might be desirable where a want of plasticity existed, no such change is necessary where such want does not exist, though we might not have a local disorder, (such as a blister produces,) to contend with. Now if it be a physiological fact, that fibrine is the product of albumen, it seems fair to infer that the rational way to prevent the formation of fibrine, would include means limiting the amount of albumen, as well as those calculated to prevent its change into fibrine, or favor the change or removal of the latter material when formed. A knowledge of the affinity fibrine has for oxygen, carries with it a knowledge of the fact, that defibrinated blood can-

not readily be oxydized, as well as the fact that blood unduly fibrinated, will under ordinary circumstances be unduly oxydized, and in this connection fat holds a relation to oxygen similar to that of fibrine; hence fat persons as well as those having blood unduly fibrinated should be blistered with caution, because, in proportion to the amount of oxygen consumed will the heat be; and if fibrine has an affinity for oxygen as strong as we have reason to believe, may we not say that in proportion to the amount of fibrine present, will the amount of oxygen consumed be; and account in this way to some extent at least for the increased heat of febrile cases, particularly when a blister is applied. All these, and a hundred other considerations bear upon this subject, and especially upon the *blistering point* in disease, before which a blister will be injurious, and after which, it will (to say the least) do no good, Granting the above premises to be correct, we see how the effect of venesection, nitre, tartar, &c., becomes necessary (often at least) ere a blister is applied. Anodynes also, by quieting the nervous system and thereby rendering respiration less frequent, will diminish the heat, and hence, combined with refrigerants, diaphoretics, &c., should generally, if not always accompany a blister. Infants bear them not so well as adults. This may, I think, be accounted for on the principles above suggested, the nutritive powers are more active, so much so that notwithstanding the waste, the body increases rapidly in size; again, the *formative process* may be, and most likely is in disease suspended, while even more than the ordinary amount of plastic material is present, hence a state of hyperinosis and undue susceptibility to the injurious effects of a blister would exist, and here the peculiarities connected with the brain present themselves as obstacles to the use of anodynes, so that we cannot avail ourselves of their soothing influence as we would in adult cases. Dentition also often presents itself as an obstacle; and he who practices regardless of the presence of this function and its physiological effects, will no doubt often have cause to regret the application of a blister. That pregnant females bear blisters illy, is well known; this it seems to me should not appear strange, had we not had the fact demonstrated. The function called gestation, may be interfered with in a thousand ways, and as nature's laws are perfect, any interference with them *must* result in derangement, and abnormal manifestations. Hence, as a conveyance even in health (during gestation) we might expect a blister to be productive of evil, if so, certainly we may sup-

pose much care necessary when we use them where there is disease, or functional derangement existing with pregnancy. The blood contains more fibrine than at other times in health, but by some unknown law of nature, the system is made to tolerate it; but may we not suppose that in doing so, it is taxed to the maximum extent of tolerance, and that the increased amount of plasticity we expect a blister to cause, might alone account for many, if not all the abnormal manifestations we generally have accompany it in pregnant females. Again, the uterus and its appendages require a larger amount of blood than in the unimpregnated state, and the extent of this increase, we can see may depend upon various circumstances, hence, anything interfering with those circumstances, will disturb the equilibrium. A lengthy notice of this part of the subject would perhaps be tiresome to the reader, yet two points I trust I may notice, 1st, a blister by diverting the circulation to its seat, may so congest the vessels of that part as to press upon the nerves sufficienly to induce or set up in the nervous system, in its then peculiar condition, all the train of morbid manifestations usual as the result of a blister in pregnancy; and secondly, by this derivative means deprive the uterus and its contents of their due amount. Succeeding this determination, a secondary (or counter) current may take place by which the vessels of the uterus will be congested, and by the pressure this would subject its contents to, functional harmony would of course be disturbed, abortion would be threatened, several vascular disturbances would ensue, a great deal of nervous excitement, &c., ere harmony could again be restored. If fibrine is the product of albumen, and a certain amount of albumen is essential to the well being of the Foetus, might a blister by increasing the former, not diminish the latter to an extent incompatible with the well being of the Foetus, or, with healthy gestation?

PART SECOND.

AMERICAN INTELLIGENCE.

ART. I.—*Prevention of Yellow Fever.* By SAMUEL A. CARTWRIGHT, M. D.

Where there are three ways leading to the same end—one, short, cheap and safe—another beset with manifold dangers, and the third, not only dangerous but expensive and impracticable, we ought to choose the safe way. Governed by extreme opinions, New Orleans has never done so, but has invariably chosen the last two, and has never adopted the first, in trying to arrive at that desirable object—*the prevention of yellow fever.*

Contagion and non-contagion, the one engendering idle fears and the other encouraging a reckless disregard of danger, have been regarded as things instead of mere abstractions. They have nothing substantial about them to build any system of sanitary measures upon. They are relics of mediæval science, mere terms, invented before either yellow fever or cholera was known. Yet these terms, handed down to us by a barbarous, vain, self-important and non-progressive science—not derived from nature or the observation of facts, but resting upon the dogmatic and logical basis on which the thing called learning in the dark ages stood—have been dignified into a directing principle, governing all those measures heretofore adopted to prevent yellow fever in New Orleans. The consequence is, the community is divided into two parties, contagionists and non-contagionists; and like all parties, more intolerant to opposition from outsiders, or persons belonging to neither party, than from each other. If any objections be made to stretching yellow fever, ship fever or cholera to the contagious dimensions of small-pox, or to applying the means applicable to the prevention of one disease to other diseases governed by different laws, and so essentially different in

their natures as to be generated by what would prevent another, he is immediately ejected from the councils of the one party to fare no better from the other, unless he subscribes to the doctrine that yellow fever, ship fever and cholera are absolutely as incommunicable as a tooth-ache. To speak openly, or even to whisper, that facts indicate that these diseases can be, and have been dropped at wood yards, or communicated under certain circumstances to our citizens by the steamboats and shipping, would ruin the reputation of any man with the non-contagonists. Hence, between the two, true science has become unpopular. Logic cuts at it from every groggery, and the shafts of ridicule are hurled at it from every street corner.

Dr. Bennet Dowler, of world-wide fame, with more progressive knowledge on the subject of yellow fever than, perhaps, any other man in existence, eminently successful in his practice, and unexceptionable in morals, receives no encouragement or patronage from the wealthy or moneyed men from that city, whose reputation abroad, for science, he has done so much to promote; nor has that progressive knowledge, that true science, which alone can form the basis of sanitary measures to prevent New Orleans from being scourged by devasting epidemics, been regarded of sufficient importance to be called into requisition by the governing authorities. A war of words, between the ins and the outs on the obsolete idea of contagion or non-contagion, when taken from small-pox and measles and applied to yellow fever and cholera—diseases governed by different laws—has drowned the voice of the scientific Dowler—thrown him into the shade of obscurity, and left the great emporium of the South a prey to those terrible epidemics, that all the wrangling about contagion or non-contagion can never prevent, and which nothing short of ascertaining their laws by the toilsome, unobstrusive and laborious inductive or progressive sciences can ever keep out.

The non-contagionists when in power, to satisfy an abstraction drawn from an obsolete, non-progressive science, admit foul, filthy emigrant ships into the ports of the great Southern emporium, and send the sick emigrants themselves, whether ill with cholera, yellow fever, typhus or ship fever, into that immense establishment, the Charity Hospital, the largest institution of the kind in either Europe or America, as far as acute diseases are concerned. The non-contagion party thinks it would forfeit its right to be regarded as consistent and learned, if it were to refuse to admit them; because such

diseases do not come up to its standard and definition of contagious maladies, when tested by the logic which mediæval learning applied to small-pox and measles. But its definition of contagion does not prevent the foul excretions on the persons and clothing of the sick from infecting the wards of the Hospital, any more than it prevented the noxious effluvia from the prisoners of the Old Baily from infecting the judges, lawyers and by-standers with a mortal malady. That a large number of apparently healthy prisoners, coming out of foul jail into a crowded court-room, did communicate a most dangerous malady to those present, is a historical fact so far lost upon the non-contagion party, that it admits emigrants ill with cholera, yellow fever or typhus, not only into the Hospital, but into dwellings of the most popular parts of the city. Filled with a ruling idea it cannot see why a little foul air from the hold of a ship should be hurtful to any, than the few on board, who might happen to breathe it when discharged. To admit that poisoned air, thus pent up, could, under certain circumstances, infect the surrounding atmosphere, would make it a contagionist in its own estimation and according to its own definition of the term; if that definition were applicable to the subject. The highest of all authority has said, that "a little leaven leavens the whole lump." But it rejects that authority sooner than yield an abstraction. The contagonists and non-contagionists can see only the two ends or extremes. Their definitions place cholera, ship fever, typhus and yellow fever as wide apart as the poles from contagion, and they will acknowledge no intervening ground. If either party is driven from one pole it flies to the other, and disdains to stop at any intervening point for fear of being thought ignorant of what contagion or non-contagion is, without seeming to know that progressive science has swamped the whole foundation of the doctrine of contagion and non-contagion when applied to the diseases just mentioned. The danger now is, that the non-contagionists, excited by the fear of a repetition of the evils just witnessed, may fly to the opposite extreme and unite with the contagionists on a system of sanitary measures, founded upon logical abstractions instead of inductive truths, and better calculated to breed than to prevent the diseases they are intended to guard against. The danger is, "*the perish commerce*" doctrine, or the same thing—rigid and protracted quarantines—may rise into popularity, and city vie with city—country with country—Europe with America—in harassing commerce, as in former times, with those vexatious, ex-

pensive, useless and pernicious restraints, which, inductive truth derived from progressive science looking back upon the thousands of experiments already made, declares had no more effect in walling out typhus, cholera or yellow fever, than in excluding caloric, magnetism, or electricity.

It would be tedious and require volumes to enumerate the many sacrifices which have been made of the mercantile and all other interests, in trying to quarantine out various diseases by rules and regulations drawn from the barbarous practices of the dark ages, which vain abstractionists, with but one idea and that erroneous, or true only in part have pronounced contagious. The merchants themselves, actuated by patriotic motives, and forgetting their own interests, were always among the foremost in lending a helping hand to those measures to promote their own ruin, supposing that the best interests of humanity required the sacrifice. At length, in regard to the terrible typhus of Europe, progressive science made the discovery, that it was an artificial disease, made by bad governments. Governments which created want to diminish wages, and which punished their poor with hunger, cold and nakedness to extort labor at reduced prices, were and are the hot beds of typhus—a disease scorning the most rigid quarantine regulations, and leaping over the sanitary cordons drawn around every misgoverned city to keep it out. But is not typhus contagious? says one party—is it not of domestic origin, and produced by filth? says another. It will spread from one to another in crowded, filthy hovels, unwashed and unventilated. It seems to glory in a confined, malarious atmosphere; but often the most filthy places are entirely exempt from its ravages. While the war of words about contagion and non-contagion was raging with increased violence throughout the various monarchies and despotic governments of Europe, and after both contagionists and non-contagonists had tried their hands, and were unable to prevent typhus from sweeping off hecatombs annually, progressive America, by the example of her glorious republican institutions, showed twenty-four millions of people entirely exempt from the pestilence, except in a few localities where European anti-republican customs have been imitated; thus proving that the contagionists and non-contagionists of the logical school had entirely mistaken the nature of the disease; that it is an artificial ailment, caused by war, and generated among every misgoverned people in time of peace. During the 25 years war in Europe, terminating in 1815, the typhus,

under the name of camp fever, malignant, pestilential, putrid, asthenic, nervous, adynamic or ataxic fever, never failed to show itself in a city where there were many prisoners of war confined. Whenever the prisoners were removed from one place to another, the pestilence would follow them and spread to those who had intercourse with them in their narrow, ill-ventilated quarters.

At Vilvorde, in 1802, it began in the cold, close, damp dungeons, in which some prisoners were confined as a punishment for intemperance. It spread from the guards to the keepers—from them to the prisoners in the common jail—then to a great number of mendicants and invalids, and finally to the people of the whole village; and out of a population of four thousand, as many as a hundred died in a day. A few drunkards, shut up in a confined dungeon, generated the infection. They were not prisoners of war, but residents of the department of Dyle, who had committed various offences. The village and the department were both healthy anterior to the appearance of the typhus in the dungeons.

Typhus or pestilential fever has nearly always made its appearance in every besieged city. It appeared in Jerusalem when the Romans were besieging it, and at Acre when Napoleon was before it. The besiegment of a city is the most effectual quarantine that could be instituted—as it cuts off all intercourse from without; yet it is during the siege, when protracted, that it is sure to make its appearance within the walls of the city besieged. The certainty of the appearance of pestilence in every place long besieged by a foreign army, is a fact worthy of the consideration of those who are in favor of besieging New Orleans with a rigid quarantine. There is a great deal of true wisdom and benevolence in Dowler's prayer, for "*a harmless Board of Health.*" Pestilence may be created by the very means that those unacquainted with its laws might suppose would be the best to prevent it—or appears to them to be the safest and freest from harm. But as far as a strict quarantine is concerned, experience proves that it is not harmless; but on the contrary, like everything else which obstructs commerce and enhances the price of the common comforts and necessaries of life, has a tendency to breed disease among the laboring poor. Pestilence is not only the child of war, but also of all those wretched governments, which in graciously condescending to confer the boon of nominal liberty on the laboring classes, have taken from them every right and privilege that makes liberty valuable or desirable. Typhus or pestilence of

some kind, included under that generic term, is artificially generated almost every year, in every city, of those monarchical and despotic governments, which create want by taxing exhorbitantly, either directly or indirectly, all the necessaries of life to pamper aristocracies and monopolies, and to put the moneyless classes in their power, to be punished with cold, hunger and nakedness, or to work for a pittance of wages less than what would half feed and clothe a negro. To avoid starvation or being shut up in those white slave depots, called workhouses, where husbands, wives and children are torn from one another and confined in separate apartments of the prison, until a capitalist comes along to hire their services for almost nothing, the unfortunate hirelings often impose upon themselves a greater amount of labor and fatigue, to satisfy their employers or masters, than human nature can bear with impunity. Thus, the pre-disposition to typhus is laid by hard work and an impoverished state of the blood, from a poor, vapid diet of cheap articles, as black bread, turnips, potatoes, etc. Rents being high and wages low, a number of laborers have to club together to hire a lodging room or a cottage. A little fuel, to half-cook the cheapest and most unwholesome provisions, is the most that their stinted wages will allow them to get—and as to clothing and bed-clothing they can scarcely afford to purchase a sufficiency to keep them from freezing in the cold weather of winter, unless with closed doors. Having no means left to purchase fuel to enjoy the luxury of fires, they have to close the doors and windows, and to depend upon the exhalations of their own bodies, in a confined room, crowded with human beings for warmth. These are what are technically called the occasional causes of typhus. The predisposing cause is already in the system, the impoverished blood, from the stomach fed on impure food, and the lungs fed on impure air; the energies of the muscular system being worn down by incessant toil, and the nervous system pinched with cold until it almost ceases to feel. Nature can stand no more. The body of some one or more of this unfortunate class of people becomes ripe for typhus. It is stunned or stupefied, as the derivation of the word, typhus, imports. The nerves almost cease to feel, and a stupor or total indifference to all surrounding things steals over the mental faculties. There is no suffering. The misgovernment of him, or her, sitting upon the throne, has already made the poor victim suffer enough. Nature interposes and strikes the sentient system with apathy. This is typhus—representing several

species of diseases, generated every winter, in almost every city of Europe. When once generated, it is apt to seize on those who are exposed to the occasional causes, the men, women and children, living in crowded tenements, breathing an impure air. It confines its ravages almost exclusively to those classes of persons exposed to the predisposing and occasional causes above mentioned, in all those cities where great attention is paid to cleanliness, sewerage and the speedy removal of all putrescent and fermentable matter. Hence, London, Paris and some other large cities, contain localities more or less circumscribed, where typhus prevails nearly every winter, to a greater or less extent. When bread is cheap there is little or none of it. The price of food, fuel and clothing, and house rents being known—the wages of labor and the temperature of the weather—the number of cases of typhus and the number of deaths, in a given population, can be figured out with so much accuracy, as to prove incontestably, that it is a disease of artificial creation—the handy-work of oppressive governments. America has given Europe a valuable lesson in progressive science, by showing twenty-four millions of people entirely exempt from the ravages of typhus, except in a few ill-governed places, where alcohol is king. Until recently, it was the practice to fly from those parts of a city where typhus made its appearance. But observation has proven, that it is less expensive to eradicate it than to move away. By giving the poor fuel, blankets and clothing, to keep warm, enabling them to let the fresh air into their dwellings, plenty of wholesome food to eat and soap and water to keep clean, typhus is quickly eradicated; provided the general atmosphere of the city be pure. But, if that be foul all classes are liable to it, and in some seasons it sweeps through town and country, following the lines of travel in every direction. It falls upon those places where its predisposing and occasional causes mostly abound; on those which are protected by quarantine as well as those that are not. In close rooms and confined places it is communicable from one to another. But it cannot propagate itself, either by the sick, themselves, or the clothing they have worn, in a well-ventilated atmosphere. Repeated observations have proven, that quarantines, sanitary cordons, and the greatest cleanliness and circumspection have never been sufficient to shut it out from any city in the old world, where bread is dear, fuel scarce, the winter cold and wages low. If a rigid quarantine system could make provisions cheap, feed the poor, and prevent the vital energies

from being overtasked by toil, in the piercing cold or under a burning sun; if it could not only give an abundant supply of water, but afford facilities for running it immediately off after it has fulfilled its hygienic mission of ablution, without permitting it to remain a moment to deposit the organic matter it has taken up; thereby removing entirely all those impurities which contaminate the atmosphere; if it could establish public baths—build houses with thicker walls, better ventilated, with verandas extending over the side-walks, to protect the citizens and strangers from the weather and the scorching sun, when walking out breathing the fresh air of the streets; and lastly, if it could dethrone that tyranical king—the last of the race of tyrants daring to maintain a foot-hold in this republican land—who annually carries into captivity a greater number of sturdy republican freemen, in the bloom of life and usefulness, by mesmerizing their wills with his ethyl breath, than would be sufficient to found another Republican State, or to hew down the largest army of any despot in Europe—then, indeed, would the rigid quarantine system be worthy of adoption as the most safe and certain method of guarding against pestilence, by eradicating its causes. Experience, however, has proven, that it generates, within the city it is intended to protect, more pestilence than it keeps out. It was reserved for America, by the aid of her great men, Thomas Jefferson, Samuel L. Mitchell, Benjamin Rush, and a few others to devise, and put into successful operation, a system of sanitary regulations which, without annoying commerce or obstructing trade, have proven more successful in protecting all those cities, where they have been adopted, for the ravages of pestilence than the most enthusiastic advocates of rigid and protracted quarantines ever dreamed of deriving from that miserable system, which, for many years, came very near annihilating American commerce. So far from doing the smallest particle of good or answering a single end for which it was instituted, the experience of more than twenty years proved that the rigid and protracted quarantine system, with its lazarettos, pest-houses, and sanitary cordons, actually seemed to sow pestilence broad cast over every land that adopted it. See 15 volumes of Medical Repository, for accounts of the terrible ravages of yellow fever, every year, in Spain, for twenty years, during the existence of the most rigid quarantines at every port—continued for a hundred days—declaring American cotton contraband and subject to destruction by fire; showing that Spain lost, in a few of her cities, as many

as 124,000 subjects, by yellow fever, in less than two months. See the same work on the ravages of yellow fever, in Philidelphia, during the ten years that her rigid quarantine was enforced—and its disappearance after adopting the sanitary regulations proposed, in the first instance, by Benjamin Rush.

See "Dr. Samuel L. Mitchell's Report (volume 6, page 460, of the same work,) to Congress on quarantine regulations," (while he was United States Senator from New York,) for a full account of those sanitary measures proposed by him as a substitute for the rigid quarantine system, which have since proved to be so eminently successful in every city that has adopted them. See vol. 9, Med. Rep., page 227, for "additional restrictions imposed upon American commerce," by foreign nations, based upon the confessions, proclamations, and proceedings of the American people and town councils, admitting that "they were polluted with a distemper, malignant and contagious beyond all example," "caused by a subtle venom, more attenuated than the electric fluid, and transportable to all parts of the world." See circular letter of James Madison, Secretary of State, under Thomas Jefferson to our foreign consuls, written with a view to procure "some relaxations of the ruinous and oppressive quarantines on American vessels in foreign ports." See, also, Albert Gallatin's circular, on the same subject, while Secetary of the Treasury, July, 1801.

For the metaphysical abstractions that gave birth to the humbug that frightened half America, and all Europe; (except the Lancastershire cotton spinners,) that there were two yellow fevers, a non-contagious kind, in the West Indies, and a terrible contagious Bulam pestilence, in the United States, which the lawless republicans would never be able to get out, as it adhered to cotton wool, and many other things, with great and pertinacious tenacity, see Dr. Chisholm's work, published the latter part of the last century, immediately after the manufacturers of Great Britain had made the discovery that the cotton, grown in the United States, was the best in the world for manufacturing purposes; particularly the sea islands of South Carolina, and at the very time when Spain and Great Britain were running a race in the cotton manufacturing business. For the ability with which the humbug was sustained and made subservient to British policy, see the transactions and resolves of the colleges and learned doctors of London, Edinburgh and Glasgow, and all the scientific works and learned periodical literature published between

the years 1794 and 1816—for specimens of the most able arguments founded upon metaphysical abstractions to prove the contagiousness of the yellow fever of the United States, and its transmissibility to foreign countries by fomites, which have never been surpassed, except by the arguments built upon another abstraction, with which the British literature of the present day abounds, ignoring facts, and proving by idle romances and fiction the horrors of American negro slavery.

For the views of the British writers, of the present day, on the inefficacy of quarantines, see the Edinburgh Review for July, 1853, page 97, and all the late British Medical works on fevers, where the whole system is repudiated as "useless, an incumbrance to commerce, perilling life, fostering and engendering disease, and squandering large sums of public revenue." They are even condemned as ineffectual in guarding against small-pox. For the fruits of the theory of Dr. Chisholm, a surgeon-general in the British service, published to the world upwards of half a century ago, which frightened nearly all Europe against purchasing American cotton, see South Carolina with but one market for her sea islands to the present day; and see the people of more than half Europe, just beginning to open their ports to American upland cotton, and to venture to begin to spin an article which for ages they were afraid to touch, except with a pair of tongs, and then to burn it, and condemn the ship to destruction that brought it. That "there was something rotten in Denmark," see vol. 9, Med. Rep., page 231, where the Danish Consul, in Philadelphia, notifies the American people, that his government considered "cotton" (and a variety of other things he gave a list of,) "dangerous, as carrying infection, and that if goods of that kind were found aboard of an American vessel, in the waters of Denmark, she would be sent to Norway, where all the goods of a nature to carry infection would be burnt."

There is no limit to the evil consequences of letting idle fears and a false theory run ahead of fact and reason. A thing which we incautiously admitted to be *imported,* naturally led Europeans to believe might be *exported;* and hence, in self-defence, to protect themselves from what they supposed to be a real danger, but which was entirely imaginary, they placed the most odious restrictions on American commerce. The doctrine of contagion or non-contagion is founded on abstractions, to which each party has given different definitions or meanings, and like all other questions, whether medical,

scientific, or theological, resting on such a basis, the longer the discussion, the further are the parties from agreeing or understanding one another. The merits of the subject can never be reached by fact or argument until it is removed to a more solid platform, and the old question of contagion or non-contagion lost sight of. Epilepsy and St. Vitus Dance are contagious or not, according to circumstances—so is rheumatism, so is influenza, and almost every other complaint. If epilepsy were a new disease, which Europeans had never seen or heard of, until advised of its appearance in America, and that the Americans believed that it was imported from the West Indies, but that the people of those islands denied its paternity, and accused Siam and Bulam with it, the various European governments, on being fully assured, by their Consuls, of the admitted contagiousness of the new complaint, and seeing exagerated descriptions of its terrible symptoms, would not be long in establishing the same rigid quarantines, to keep it out of their respective dominions, as those they established to guard against the yellow fever. Epilepsy, however, is an old disease, the extent of its contagiousness is known to the world. Its contagion can be guarded against by an easier method than by quarantines. All that is necessary to avoid the contagion, is to turn the head away, and not to look at the patient afflicted with the malady when in the fit. Even this precaution need only be imposed on extremely nervous and excitable persons. If Europeans knew that the contagiousness of yellow fever could be guarded against, and entirely destroyed by throwing the doors and windows open, they would never think of resorting to the expedient of a rigid quarantine to protect themselves against it, when an hour's ventilation would be all sufficient. Again, if the people of Europe were to hear that a camp fever had made its appearance among a large army of soldiers in New Orleans, who had for six years been receiving fresh recruits from Northern latitudes, that the whole were under bad discipline, and the atmosphere of the city impure, and that this camp fever, after becoming very rife among the soldiers, had attacked many of the citizens—especially the unacclimated portion, it would not excite surprise; because the occurrence of that fever among soldiers, quartered in a city, is an every day affair in Europe. It is also a very common occurrence for a camp fever to extend to the citizens of the place, in which the army is quartered. Nor would it excite surprise or attract attention, to hear that smaller garrisons, of a similar description of soldiers, quartered in the towns

of Baton Rouge, Bayou Sara, Natchez, Grand Gulf, Vicksburg, Mobile, and many other places had also, soon after its appearance in New Orleans, been attacked with the same kind of camp fever, and that it had in some or all those places, spread from the soldiers to the citizens.

If told that in 1852, it had only attacked the new recruits and had spared the old soldiers and citizens, they would not wonder at it at all, because that is precisely what camp fever does in Europe, attacking every year the new recruits, but only now and then extending to the veterans and to the citizens of the place where their barracks are situated. They would not think of instituting quarantines against American vessels to protect themselves against such a fever, because they are well acquainted with it. They know it to be contagious in a certain sense, but they know the full length and breadth of its contagiousness to be very short, and easily guarded against by soap and water, and free ventilation. Repeated experience has proven, that quarantines and sanitary cordons, ever so rigid, cannot prevent the camp fever from appearing among large armies of soldiers, and of extending sometimes to the citizens of the place in which they are quartered, if the surrounding atmosphere be impure.

What is camp fever? "It is an artificial disease, engendered by a great number of men collected together from different quarters, eating and drinking what they have not been accustomed to, deprived of the fresh, cool and bracing air of their homes and the invigorating exercise they had heretofore been used to. Placed in such artificial or unnatural circumstances, an artificial disease is the necessary consequence of their abnormal condition—a disease not occurring on a regular march, but only when wiling away an idle and irregular life in camp. The camp fever, febris castrensis or typhus of the armies of Europe, is only an older chip of the same block out of which the yellow fever of the South, at a later period has been hewed by the operation of a new set of causes, subjecting emigrant armies of northern men, with or without guns in their hands, to the scorching rays of a trophical sun. They both belong to the same genus—typhus. They are older and younger brothers. Yellow fever being what authors call typhus icterodes, the youngest of the family, which is quite a large one. Every species of the whole genus are artificial complaints.

To America belongs the honor of having swept the whole of them, with the exception of the youngest, out of every nook and corner of her free land, where true republicanism has swayed her benign sceptre, unincommoded and unawed by the tyrant Alcohol. The ship fever, another species of the genus, typhus, has been destroyed by limiting the number of passengers—by a good diet, proper cleanliness and ventilation on board. Foreign ships often bring that disease to New Orleans, among the emigrant passengers—a disease artificially generated on the voyage. Another species of typhus artificially generated in prisons, penitentiaries, asylums, houses of refuge, schools, etc., by over crowding, want of cleanliness, an impoverished diet, insufficient clothing, and abnegation of the common comforts of life, has been nearly annihilated in this country, by the hand of progressive science. Yet this disease, under the name of jail fever, is very common in the non-progressive governments of monarchical Europe. The nervous, the slow-nervous, the adynamic typhoid, the typhus gravior and typhus mitior of Great Britain and Ireland; and, also, the putrid fever of Hoffman, which continues to be the terror of the laboring poor of the old world, sweeping off three-fourths of the toiling millions, are proved to be the artificial creations of bad governments, by their being seldom or ever seen in the model Republic. The putrid fever arises from the necessities of the poor, compelling them to eat spoiled provisions, and such things as the dogs of the American negroes would refuse. An eminent Baptist preacher, Malcolm, found the British Hindoo subjects subsisting on cotton seed, soaked in water, in his travels through India, some few years since, He was a northern man, unacquainted with our cotton region, and mentioned the fact of cotton seed soaked in water, being used as a diet in India, apparently as a matter of information that might be useful, or turned to practical account by his brethren in our Southern States. But they can tell him that cotton seed are so unwholesome, that the butter made from the milk of cows, that feed on it is not fit to use, as an article of diet.

Adynamic fevers, with gastric derangements and softening of the tissues, called by the humoral pathologists "putrid," all being species of typhus, desolate British India. They are the artificial creations of that oppressive government which has robbed the people of everything except the name of freemen, and driven them to eat such unwholesome food as cotton seed or starve; a government which can see no evil in anything but American negro slavery. Whatever may

be said against American negro slavery, it has, at least, freed the slaves from every species of typhus. It has done it by meat and bread, blankets, warm clothing, good fires, and by exacting no more than a reasonable service in return, for all the substantial comforts of life; thus proving that typhus is artificial and not essential. The British typhus, so fatal to the overworked, squalid poor of England, and which is depopulating Ireland, is so clearly an artificial malady, that it rises and falls with the price of wheat. American republicanism, guided by the unpretending inductive sciences, has banished, one after the other, nearly the whole batch of those artificially created typhus plagues or pestilences, which, for countless ages have been reveling in the blood of the toiling millions of the old world.—One of them is left, driven from the North by the great Rush and Mitchell, it has fallen upon the South, and in one short season made ten thousand victims in New Orleans. As the whole tribe of typhus plagues, yellow fever included, is the spawn of despotism, ignorance, vice, wasteful extravagance, high taxes, poverty, filth and a disregard of nature's laws, they can only be extirpated by extirpating their causes.

The supposed case of a large foreign army in New Orleans, which had been six years gathering together—under very lax discipline, and among whom the camp fever appeared, extending to the neighboring garrisons and falling upon the citizens, precisely as it did in the long wars that France sustained against all Europe—it is now time to metamorphose into a real one. It is true, that the individuals composing that vast army of emigrants, which have for six years been congregating in new Orleans and the neighboring cities and villages, had no guns in their hands, no officers, no uniform, no regulations in regard to diet or drinks, no regular hours of repose and exercise, and under no discipline; yet they were here. In numbers, they were like the locusts of Egypt. They greatly outnumbered the American armies that conquered Mexico, and revelled in the halls of the Montezumas. They congregated at New Orleans from all parts of the civilized world, inhabited by the white man of the North of Europe, but chiefly from Germany and Ireland. Many of them brought their women and children with them. Their principal rendezvous was in that part of the city where the late epidemic first broke out and committed its greatest ravages, They were nearly all as poor and destitute on their arrival as poverty could make them. The despots of the old world had robbed them and their fathers be-

fore them of everything, not leaving some of them a second shirt.—They depended upon their daily labor for a subsistence. They found few or no shops, carrying on various handicraft employments, open to receive them, where they could work in the shade and be protected from the scorching rays of the sun. They were sufficiently numerous if such shops (which have built up Philadelphia and Cincinnati) had been open to receive them, to have made New Orleans rival both those cities in small trades and handicraft employments. The only shops they found open to receive them were the grog shops. Hence they had to turn out in the broiling sun, to work for wages at the most laborious kind of drudgery, on the levee, in the streets, and all other hot and exposed places. Soon many of them were seen carrying bricks and mortar up to the fourth story, exposed to a mid-day's sun, near the summer solstice of a Southern climate.

The wealthy capitalists, forgetting that true republicanism, (that kind which can banish plagues,) requires them to make the comfort and welfare of the laboring classes the governing principle in spending their money, have chosen the summer season, par excellence, to build houses to be ready to rent, in the fall and winter. The city authorities paying no attention to the long war of thirty years duration, *quorum pars magnum fui*, which Professor Merrill, of Memphis, has carried on against all those who would stir the earth of our towns and cities, in the summer time, with a hoe or spade, no matter how pure it may be, put a very large number of the emigrant army to pulling and hauling the filthy mud of the streets and gutters about; the most unhealthy work for the operators, and the most efficient means that could be adopted to fill the city with clouds of miasmatic vapors, if there be any truth at all in Dr. Merrill's doctrine. The emigrant army, working for wages, exposed to the sun in performing all kind of laborious drudgery, were breathing an atmosphere much more rarified than that which they had been accustomed to in their native country. They had, consequently, not their accustomed supply of oxygen to carry on the vital processes in all their wonted integrity; an insufficient supply of oxygen, by breathing an air of a high temperature, slackens the functions of the lungs, and prevents the due elimination of carbonic acid from the blood. The ingestion of alcohol has the same effect, and conspires with the high temperature to obstruct the elimination of decomposing matter generated within the system. Moderate labor, in a comparatively cool atmosphere, is healthy, by enabling the system to free itself of the effete

matter which is constantly generating within the body. But hard labor in the hot sun causes a rapid degeneration of the tissues within the body of the white man, and an accumulation of azotized compounds and other effete substances, which nature has made no extra provision for throwing off as she has in the body of the negro. In the negro they are eliminated by his enormous liver and by the peculiar construction of the skin, and when hard at work in the burning sun, the effete matter, thus thrown off, taints the air with a strong muskrat odor a great distance around, This physiological fact, the rankest abolitionism, which ever tried to push the happy negro from his stool in this Southern climate, and to victimize the white man upon it, cannot deny. It sticks in the nostrils—no logic can dislodge it. Towards the close of Dr. Samuel L. Mitchell's life, he wrote to me to ascertain the temperature of the open air in the summer's sun of our cotton fields, roads and streets, unprotected by shade. He said the thermometer told him the temperature of the shade in the South, differed but little from the temperature of the shade in summer weather at the North. He conjectured that the difference of temperature, between the sun and the shade in the South, would be much greater than between the sun and shade at New York, in the North. His conjectures were proven to be correct by actual experiment, made by him at New York and by me at Natchez. The difference was much greater than he had supposed. He wanted further observations by thermometers exactly alike in construction. But before they were obtained news arrived that the great Samuel L. Mitchell, of New York, was no more. The investigation was dropped, but I learned enough to come to the conclusion, since confirmed by many years of observation, that the summer's sun in this climate is too hot to enable any white man to labor long in it and live. On the other hand, observation proves that labor in the shade, not requiring too much muscular exertion, is healthful and beneficial. All those sanitary measures, therefore, which may be instituted to protect New Orleans against pestilence, would be incomplete and ineffectual, unless the practice of making negroes out of the master's race of men, and turning them out to labor in the hot summer's sun, be abolished. When the late epidemic made its appearance, a large portion of the whole army of emigrants, at work at all, were laboring in the sun. Those who had last arrived from Europe being the poorest and the most needy had the roughest and hardest kind of labor imposed upon them. Being just from a long sea voyage, they were

debilitated and their blood scorbutic, as could be seen by their spongy gums, receding from the teeth, giving the latter organs the appearance of gourd seed stuck in the alveolar process. In such a state of the system of such persons, hard labor in the hot noon day's summer sun of this climate, might justly be characterized as manslaughter. The poor emigrants had left behind them the cold bracing air near the arctic circle, but they brought with them many bad habits which had been forced upon them and their forefathers by the despotisms from which they had fled—not the least of which was the habit of crowding together in small, confined rooms, to lessen the expense of rent. One room often serving for one, two, or more families.—Many of them slept on the naked floor, which scarcely gave sufficient space for them to lie down. The old habit of closing the doors and windows to keep the cold out, they still adhered to, to keep the night air out. Although they get good wages—sufficient to enable them to rent more comfortable dwellings—yet they found themselves in a city very much like those of the old world, where the common comforts and necessities of life are exorbitantly high, owing to the high taxes imposed upon the citizens without their having anything to show for them in return—nothing free—not even water, without paying a Company a high price for it—the Company not taking the trouble to filter, settle or purify it, but furnishing it in a crude state, containing about half a pound of mud, and foreign matter to the gallon, and being entirely unfit for cooking, washing or drinking, unless the purchaser take the pains to purify it—a troublesome business on a small scale, but which could easily be done on a large one before the water is distributed. To add to the misfortune of the emigrants, they found very few fresh and wholesome vegetables in the market, which persons from a long sea voyage so greatly need. The stalls of the market being taxed, the gardeners cannot afford to raise the vegetables and pay the tax. Their blood being in a bad state from the sea voyage, and a want of fresh, antiscorbutic vegetables, exposure to the sun brought out the prickly heat in such abundance as to thicken and disorganize the skin; preventing the effete organic matter generated in the system from duly passing off by insensible perspiration—causing great irritation of the nervous system, and loss of rest at night from the intolerable itching, burning and smarting, attending that complaint in its aggravated form. While the comforts of life, even that of a glass of clear water, were shut against them, the doors of more than a thousand grog shops were

open day and night, tempting them into dissipation. The use of alcohol in any form is known to diminish the quantity of oxygen consumed, and to prevent the normal elimination of carbonic acid by the lungs; thus conspiring with the high temperature and the impure, confined air of their lodging rooms, to retain the noxious carbonic acid in the circulating system, and preventing the effete organic matter from being thrown off. Together with all this, the general atmosphere of the city was impure. But if it had been as pure as the granite hills of New Hampshire, it would have availed them little or nothing, because the dens and hovels in which they had crowded themselves, contained the most impure atmosphere imaginable; being filled with the confined effluvia of the human body itself. The night closets exhaled the same kind of effluvia; many of them not having been emptied for years. The cleansing out of those noxious depots, the most noxious of all in the city, is not a public hygienic measure as it should be; but, if done at all, imposes a tax of from ten to twenty-five dollars on every tenant; who generally neglects to do it or is not able to incur the expense. If the dead animals and other nuisances in the streets, which caused so much complaint, had been ten times more numerous, they would not have been equal as a source of disease to the depots of confined animal matter, just alluded to. Animal matter in a state of putrefaction in the open air, *in this climate*, if not entirely innoxious, as Dr. McFarlane, Professor Merrill, and a number of very high authorities in medicine contend, is at least so in comparison to that which is undergoing decomposition in confined, stagnant reservoirs, sufficiently close to exclude the admission of the air, but not enough so to prevent the external atmosphere from being polluted by the noxious gasses arising therefrom, as was the case with the decomposing animal matter in the centre of the neighborhood in which the yellow fever of 1823, originated, and around which it gradually spread, until it desolated Natchez. That year New Orleans had but two cases of yellow fever and but one death; which occurred during the prevalence of the most terrible epidemic that ever afflicted the City of the Bluffs. Organized matter, when confined, is apt to become fungoid. As far back as the days of Moses, fungoid matter generated in an unventilated house, in Scripture language, "plague spots," has been considered as poisonous.

If Moses had been the Mayor or Governor of New Orleans, at the breaking out of the late epidemic, he would have made sad work of the houses occupied by the emigrants, where the disease first ap-

peared. Some of them certainly contained a mould or spots of discoloration on the walls, which would have doomed them to destruction. Even the old shoes and things of that kind found in confined rooms, looked as if they were covered with frost, being white or green with mould; while the summer solstice was approaching, the heat of the weather became more intense. At length, a number of emigrants, just from Ireland and Germany, fell the first victims to that artificially created disease, the yellow fever. The first one died on the 27th May, in the Hospital, on the day of his admission. His name was John McGuigan, an Irish laborer. He had only been one week in the city. He came to it direct from Liverpool. His was a clear case of yellow fever, with black vomit, imported from Liverpool, if imported at all. Three days after, Bremen contributed a case in the person of Gerhart H. Woerte, a sailor. Seven days elapsed, when Ireland contributed another—Michæl Mahony—from Liverpool. The same day, Bremen offered up another sacrifice—Herman Brantz—just from that city. Three days afterwards, the 10th June, Old England contributed a case in the person of Thomas Hart, from Liverpool. The next day, New England, not to be outdone, brought in a sacrifice under the black vomit flag. The same day that England unfurled that flag to the breeze, the ship Evangeline, from Jamaica, came into port with the same flag flying from her masthead. Fifteen days afterwards, viz: on the 25th June, the bark Mary H. Kimball, from Rio de Janeiro, came into port under the same flag.—Jamaica and Rio have each been accused of giving New Orleans the yellow fever. If they did, Ireland, Bremen and England should not be held guiltless, as they were all ahead of Jamaica and Rio, in beginning the mischief. Even New England had a victim dying with the el vomito, though not dead, when the first of the two vessels arrived. Rio, however, has been accused of sending us a contagious kind. But when the Mary H. Kimball arrived from Rio, on the 25th June, the yellow fever, we already had here, was gradually spreading in every direction around the black vomit standard, that Ireland, Bremem, Old England and New England had previously hoisted over the heads of that vast army of emigrants quartered in the vicinity of the Triangular Buildings. By referring to the July number of the Edingburgh Review, for 1853, it will be seen that the Rio yellow fever, if ever so contagious here, was not contagious there; because it did not spread to the citizens of the neighboring towns of Persopolis, although the sick from Rio were carried there with the

Rio yellow fever. There was no emigrant army in Persopolis to mould the abstraction, called contagion, into a substantial form, as there was in New Orleans, with detachments in Mobile, Baton Rouge, Natchez, Grand Gulf, Port Gibson, Vicksburg and other places.—During the month of June, 46 deaths from the disease occurred. It continued to spread like a fire, gradually around its original focus. All other parts of the city were entirely free from it, except a focus subsequently formed in the lower extremity of the city, containing great nnmbers of poor, destitute persons. Even up to the middle of July, a month and a half after its first appearance, it had made so little progress in coming down town, that the radii from the upper focus had not reached Poydras street, and those from the lower focus had not crossed Esplanade street, leaving seventeen intervening streets untouched. So entirely exempt were those intervening streets from any taint of the infection, up to the middle of July, that I wrote to an esteemed friend, whose lady was at Pass Christian, while he and the children were on his plantation up the river, that the family could meet together in perfect safety at the St. Charles Hotel—informing them that the fever was in town among the emigrants, but not in that part of the city. The family met together at the St. Charles Hotel, on the 18th July, and none of them took the disease. Up to the first of August it was so strictly confined to the emigrants and newly arrived unacclimated persons within the infected districts, or who had visited those parts of town, that I could hear of no deaths among the citizens proper, or among the negro population. The editors of the Delta will remember that I requested them, during the first week in August to advertise to ascertan if such a case had occurred; although upwards of two thousand of the stranger population had already fallen. But the request to advertise had scarcely been made, when the disease clothed itself in all its terrors, striking down every one who came in its way—sparing neither man, woman nor child who had not had it before, or been here more than six years. As soon as it passed from the emigrant army to the citizens, it rapidly spread over the whole city—apparently leaving untouched, or touching very lightly, the occupants of the last row of buildings next to the swamp. Yet it spread, to my knowledge, up the river, three miles above Carrollton—where I had seven cases in one family—all of whom recovered, and while people were wondering if it could be the yellow fever away up there, four cases occurred in a neighboring family—nothing was done—no danger was apprehended

—the disease not being suspected until the third day, when a neighbor visited the house and found three out of the four lying dead in their beds.

Early in the epidemic I visited the disease in its head quarters, and had an opportunity not only of seeing it, but of seeing its causes. A young Pennsylvanian, who had rented a lodging in a three story house in that dirty part of town between the Triangular Buildings and St. Mary's Market, was attacked with the yellow fever and sent for me. Soon after he had rented the room, the other vacant rooms were rented by a swarm of newly arrived emigrants, filling them completely, and leaving no space on the floors unoccupied, after disposing themselves for sleep at night. Passing by the doors of the other rooms they were seen to contain a great number of persons, of all ages and sexes. Some were sick, some cooking, others eating, and the largest number drinking whiskey, all in the same room, not sixteen feet square, with windows not only closed, but cobwebs showing that they had not been opened from time immemorial. A foul fœtid vapour, which not only offended the olfactories, but seemed to stick to the palate, issued from those dens and the filthy privies in the back alley. On regaining the street, one of the most filthy of those which the newspapers were blaming as containing the seeds of the infection, the relief afforded to my respiration told me that the press had fallen into a great error; that it was not that dead dog or that poor cat putrifying in the open street, which caused the New Orleans plague, but it told me that I was right in the paper I wrote twenty years ago, proving by the greater speed with which oxidation takes place, and matter decomposes and enter into new combinations, in the open air, in the locality of New Orleans—covering stagnant pools with plants—and the greater freedom of rain water from organized matter than elsewhere, that it is among the most healthy locations for a great city in the world; it told me that it was not matter in the open air, but that which was confined in those temples of Cloacina and in those over-crowded, unwashed, filthy rooms, excluded from the air and filled to suffocation with human beings—themselves full of disentegrated azotized and other compounds—that caused that artificial form of typhus, known as the yellow fever. If New Orleans were founded on a rock of granite, and the streets were jasper, it would be folly to hope to escape the yellow fever, so long as such a combination of morbific causes, as those just mentioned, are permitted to exist. I was much aided in curing the patient, after I suc-

ceeded in getting the windows open, by bringing that powerful artillery, heaven's fresh air, to bear upon the enemy. Yet such is the force of prejudice, that the poor emigrants seemed to prefer dying with the doors and windows closed and covered with blankets, rather than to open them and live. Dr. Dowler informed me that more persons died in that part of the town than the supposed number of inhabitants. They were so closely huddled together, it would have been a difficult matter to have enumerated them. It has been ascertained by Dr. Dowler, that in the present and in all former epidemics, the prisoners in the common jail have invariably escaped the disease. This is an important fact, as it goes to show that houses with very thick or double walls, like the jail, would be, so to speak, fire proof against the ravages of an epidemic. Double-walled houses, or those constructed on the principle of ice, by preserving an uniformity of temperature, would no doubt prevent yellow fever if the tenants remained in them and did not expose themselves to the sun.

The new custom house, now building, will probably be a safe asylum against the yellow fever. But the architecture of houses generally, is so faulty, that many of them are more like ovens in the hot part of the day than comfortable dwellings. As exposure to the sun is both a predisposing and an exciting cause of yellow fever, the covering of the entire side-walks with verandas or galleries, as in Bologna, would greatly tend to prevent the disease. The substitution of the Parisian *cabinet d'aisance inodore*, for the noxious privy would be a most desirable improvement. Public baths, better water, (viz: purified of its dead and other foreign matters before being distributed,) and better facilities for running it immediately off, are improvements greatly needed to promote health and comfort. The vicious practice of a large portion of the nurses, of closing the doors and windows of a sick room, greatly tends to spread the disease to other members of the family and diminishes the patient's chances of recovery. In a close unventilated room, matter in a state of decomposition is introduced, at every breath, into the system; of which decomposing matter the patient already has more than he can well eliminate—and if the attendants have as much as they can throw off, the introduction of more tends directly to produce disease. A patient in a perspiration, if the bed clothing be well adjusted around him, has nothing to fear from the fresh air—as its respiration will promote, rather than arrest a salutary sweat. The yellow fever is never communicated in a room properly ventilated. In a close room any disease is apt to

communicate itself or some other complaint in its stead to susceptible persons. All means to prevent the occurrence of the tropical typhus among us will be ineffectual unless nature's laws be better respected. Nature scorns to see the aristocracy of the white skin—the only kind known to American institutions—reduced to drudgery work under a Southern sun, and has issued her fiat, that here at least, whether of Celtic or Teutonic origin, they shall not be hewers of wood or drawers of water, or wallow in the sloughs of intemperance, under pain of three-fourths of their number being cut off.—Until this immutable law, which has made the white race rulers and enjoined on them a life of temperance and self-control, to qualify them for the high and responsible trust, of preserving in all their purity those wise institutions founded on virtue, economy and the fitness of things, bequeathed them by Washington and the sword of their fathers, be properly respected, the deaths arising from its violation will continue to swell the bills of mortality, and to lead the world into the error that New Orleans is a most sickly location.—Whereas, the truth is, that apart from those who disregard the law just alluded to, and consequently furnish the fire and fuel to kindle epidemics and keep them in action, there is no city in the Union more favorable to health and longevity. The late terrible epidemic, which spread from the emigrants to the citizens, has only, in a few instances, affected those whose home has been here for more than six years. Northern emigrents, by exposing themselves to the hot summer sun of this Southern climate, by out-door labor and drudgery work, and vitiating their blood by intemperate habits, become so strongly predisposed to yellow fever as to fall into that complaint without the addition of any other apparent cause. Hence we have cases of yellow fever every year, and their proportion bears a very close relation to the number of unacclimated persons who attempt to jostle the negro from his stool, and to take from him those out-door, laborious employments in the sun, wisely given to him as a precious inheritance to lift him up from brutish barbarism upon the platform of civilization, by forcing him to expand his lungs and oxygenate his blood.

New Orleans should not be less careful of those young men and young women, flying from despotism and seeking homes and employment among her citizens, than the planter is of the people under his patriarchal government. The newly arrived he never puts at hard, rough work, until they become disciplined and trained to regu-

lar habits and get accustomed to climate. She could better afford to cherish, instruct and discipline the emigrants in the hidden mysteries of true liberty, (which is but another name for health, industry, knowledge, temperance and virtue,) considering they cost her nothing. Without some pains be taken with the newly arrived emigrants, experience proves, that the larger portion become a tax and a burden, instead of aiding in building up the Southern emporium into a vast city, as they would do, if met on the levee with the Maine Liquor Law, and properly provided for with the thousand and one, light handicraft employments, this climate is so well adapted to; such fancy trades, as have made Paris, France; where they could work for wages in the cool shade, live healthy, happy, and grow in knowledge, virtue and in this world's goods, until able to set up shops of their own and to open their doors to the swelling tide of European journeymen and apprentices. There is an element in that portion of the New Orleans population of French, Spanish and Italian origin, which is not found in the same perfection among any other people in America. That element is taste—a delicate refinement—grace—a keen perception of the beautiful—a passion for the fine arts, and a love of elegant and becoming costumes, trinkets, gewgaws and jewelry. With proper encouragement from the city government, it could be turned to practical account, and half New Orleans be converted into a magnificent bazaar, by those handicraft employments and fancy trades, which are, at present, almost exclusively confined to Paris, Geneva, Venice and Rome. New Orleans would have no rival in America; because it is only within her limits that the requisite element is found, in a sufficiently perfect state, to give birth to those beautiful creations of fancy which adorn Paris and the cities of Southern Europe. The capital of that portion of our population mostly consists of houses and lots, so greatly depreciated in value, as scarcely to pay the exorbitant taxes imposed upon them. The owners are lacking in energy and disinclined to what is called enterprise. If they were to set up any of the fancy trades, alluded to, they could not retain their apprentices or govern or direct their journeyman without the proper legislative aid from the State and city governments. With that aid—costing the State and city nothing—but the enactment and enforcement of wholesome laws, (founded upon the fitness of things and the necessity of the case,) an abundance of employment, consisting of light fancy work, in the shade, could be given to all the young emigrants, male and female, arriving

in this port, which would greatly benefit the emigrants themselves, assist in making New Orleans a great city, and at the same time by banishing the necessity, at present impelling them to seek coarse drudgery work in the sun, would prevent the yellow fever. Experience proves that the newly arrived Northern emigrants laboring in the sun, especially if their habits be bad and their lodging apartments close and unventilated, can generate the yellow fever anywhere in the South—on barren rocks or sandy plains. That disease is not inherent in the soil of any particular locality, but is an artificial complaint, like typhus or camp fever, which can be driven out from any locality whatever, by a wise and cheap republican government—not only seeking the greatest good of the whole number, but the greatest good of the whole number. Our present oppressive anti-republican system of exorbitant taxation, puts the comforts and conveniences of life beyond the reach of those vast hordes of emigrants constantly arriving in this city, stript of everything and perfectly destitute. Finding no ready employment, except coarse, rough drudgery work in the sun, which their feeble health, from a long sea voyage, disqualifies them to perform, they sink down to a depth below observation, hiding themselves in alleys and dens of vice, ignorance, filth and misery; where the seeds of disease are in constant fermentation; where they are constantly dying and swelling the bills of mortality, summer and winter, without any one being sick—at least any one known as a citizen. The physicians of the city seldom or never see them—they are sunk too low in ignorance to know the necessity of calling in medical aid when ill, and they are too poor to buy food, much less physic—and if they had it, they are too ignorant and obstinate to use it. There is scarcely a city in Europe which could show as many wretched, destitute poor crowded together in the same space, as that part of New Orleans, where the late epidemic broke out and committed its greatest ravages. While the bills of mortality were running up to an hundred and fifty a day, no one seemed to know anything of the people who were dying. So deep were they lost to the eye of observation, that the members of the Howard Association and other charitable persons, among whom were the physicians themselves, had great difficulty in finding them before death had struck them and made them his own. But for the almost superhuman charitable exertions of the citizens of New Orleans in their favor, the figures of mortality would, no doubt, have run up to twenty or thirty thousand instead of five, before the relief, from the

generous hearted American people throughout the Union, began to come in. With that opportune and welcome aid, the epidemic was disarmed of most of its terrors, and its mortality limited to about five thousand more, making a little upwards of ten in all, which would otherwise have swept nearly the entire population of the unacclimated poor—in numbers, perhaps, exceeding seventy thousand. That it was an artificially created disease, engendered by the ills of extreme poverty, is proved by the fact, that as soon as the American people reached out their hands, scattering the comforts of life among the poor, destitute emigrants, the terrible scourge began rapidly to disappear. That there should be some instances of its having been, to all appearance, communicated in close apartments, is not a matter of wonder to any one acquainted with the laws of that class of diseases belonging to the genus typhus—as they are all more or less communicable, under certain circumstances, in a confined atmosphere.

It is all a delusion that a quarantine, ever so rigid, can protect New Orleans against yellow fever, while causes continue to exist in her midst, more than would be sufficient to create plague or pestilence in any other city in the word. High taxes are at the bottom of those causes, and the toleration of intemperance and idleness is at the bottom of the high taxes. In 1821, the rigid quarantine system was tried, and continued in operation four years. On the 19th of February, 1825, the Louisiana Legislature repealed the quarantine laws, and directed the grounds belonging to the establishment to be sold, It had proved to be ineffectual. The very next year after its establishment, the city was scourged by a severe epidemic. It was at first supposed that the fever had been imported from Pensacola by eluding the quarantine, coming in by the Bayou St. John. But it was ascertained by the Surgeon of the United States Army, that the first case of yellow fever in Pensacola, in 1822, came from New Orleans a month previous to its alleged importation from Pensacola.

In the first sentence of this essay on Political Medicine, (a science in its infancy,) written by snatches, amidst the labors of professional business, I alluded to a short, cheap and safe way of preventing yellow fever, which has never been tried in New Orleans. The best measures, in my humble opinion, to prevent its generation within the city, have already been glanced at, and it now only remains to say what that short, cheap and safe way is, which can prevent its introduction from abroad—admitting, for the sake of argu-

ment, that it can be introduced in that way and spread to the inhabitants. It can be told in few words. It is simply to insulate the shipping with well acclimated negroes, and to let no other class of people act as stevedores, or to come within a specified distance of the wharf—precisely as small-pox is insulated by those who have had the disease in the natural way. Negroes are perfect non-conductors of yellow fever. Whereas, if there be any thing contagious in that malady, (and it is admitted there may be, as in other species of genus typhus, when shut up in a close room, or in the forecastle, or between decks of a ship,) to admit newly arrived emigrants to act as stevedores, or as draymen, to handle the packages before they are sufficiently aired, would be as dangerous and as cruel to send ignorant persons with gunpowder in their pockets to handle hot ashes. The insulation of the shipping, by non-conductors at the wharf, would be more effectual than the most rigid quarantine at Fort St. Philippe, or anywhere else. Besides, it would have the merit of involving no expense, and of throwing no obstructions in the way of commerce.

To prevent the yellow typhus from originating among us, let pure republicanism be called into requisition, to prevent the ills of extreme poverty and its train of attendants, vice, ignorance, intemperance, idleness, exposure to the sun by day and crowding together in small, filthy, close rooms at night; should it nevertheless spring up, to prevent it from spreading, give it air and scatter republican comforts among its victims, and insulate them by a cordon of non-conductors, in the shape of negroes.

Canal-street, Sept, 30th, 1853.

We copy the following article from the Virginia Medical and Surgical Journal, for which it was translated by its editor, Dr. Otis, from the *Revue Medicale.*

The length of the paper and the room which it occupies will be compensated by its intrinsic merit and the great practical value of such an article on so important and practical a subject. We give about one-half of the essay in this issue, and the remainder will be found in our next Number.

ART. II.—*Memoir upon Typhoid Fever and Typhoidism.* By J. B. CAYOL, *Formerly Professor of Clinical Medicine to the Faculty of Paris, Member of many Learned Societies at Home and Abroad, etc. Translated from the Revue Medicale.*

Les systemes en Medecene sont des idoles auquelles on sacrifie des victimes humaines.

The good sense of the public is more and more shocked by the mortality of prevalent diseases. Each day witnesses the death, in all classes of society, of youths or of persons in the prime of life, who, after having always enjoyed perfect health, and while living under the best hygienic conditions, are suddenly cut down by a fever attributed to a chill, or some other common-place cause of ordinary disease. If one enquires the reason of these unforeseen deaths, the response is always the same—*Typhoid Fever.* This newly invented epithet has acquired, during the last few years, a deplorable popularity; it resounds every where as a funeral knell, spreading terror among the people, especially among the inhabitants of the country, and exerting, from this fact alone, a powerful influence in aggravating the prevailing diseases. Among the educated classes, persons began some time since to bethink themselves, and make enquiries; and now, in the conversations of drawing-rooms, we hear questions springing up, to which the *typhoidian* physicians respond with great embarrassment. It is recollected that formerly, at a period not very remote, the prevalent diseases were fevers which were designated, according to circumstances, by the names inflammatory, bilious, nervous, putrid, malignant or ataxic fever. No longer hearing these fevers spoken of, they ask in society what has become of them. For they regret them, and they are right in regretting them; for these names gave every one a general idea of the nature of the disease, of its gravity, its danger, and even of the line of treatment which was applicable to it. Persons knew tolerably well what they had to fear or to hope. It is quite different now-a-days: When a fever has lasted more than seven or eight days, and some doctor or other has inflicted on this fever the name *Typhoid,* there is nothing to be done but to bow the head and to await the decree of destiny. For the typhoidian physician is essentially and necessarily a fatalist; inasmuch as he cannot become typhoidian without discarding all tradition, and repudiating the heritage of those grand intellects that have rendered medicine illustrious, he has

no guide but his individual reason, which is often very shallow. He is a pilot without a compass, who nevertheless professes to direct you through a sea bristling with rocks and abounding in pearls! Ask of a typhoidian physician upon what principles, upon what rules he bases his treatment of typhoid fever? If he is sincere, he will reply that he does not know. If he hesitates to answer you, then interrogate his official teaching and his works; they will tell you that, *in the present state of science*, (that is to say, their science—science as they understand it,) nothing is known of the treatment of typhoid fever; but that a remedy is now sought, and will perhaps be found.

Meanwhile, until it is found, we may treat typhoid fever indifferently by blood-letting, by purgatives, by tonics, by quinine, by opium, or even not treat it at all; because, according to certain professors of typhoidism, whatever is done, whatever treatment is adopted, typhoid fever is unaffected; it follows its course imperturbably. Is not this the fatalism of the Musselman! Let us add that fatalism characterizes the practice as well as the theory of the typhoidians. We might cite great hospitals in Paris, in which physicians occupying the highest stations as official teachers, do not treat the patients affected with typhoid fever, but abandon them to their unhappy lot, or else make use of them for some therapeutical or chemical experiment.

Such is the faithful summary of what is written, taught and practiced, as regards typhoid fever. It is not difficult to comprehend how typhoidism has become so popular—how it has been so rapidly propagated from the cities into the country, and how, lastly, it has in so short a time dethroned gastro-enteritis. It is because no system was ever more convenient for the superficial and ignorant. The system of gastro-enteritis had already greatly simplified the subject of fevers, by admitting but one disease and one mode o treatment; this was the cause of its popularity. Typhoidism simplified the matter still further, by admitting only one disease, which might be treated according to one's caprice, or not treated at all; and this is why it became more popular still than Broussaism. The most idiotic tyro, when he had named, or, as they term it, *diagnosticated* a typhoid fever, found himself on a level with the medical celebrities of the epoch.* Whatever he did or refrained from doing

* An expression consecrated in the writings of the coterie *mutual admiration.*

in the way of treatment, he was justified beforehand by the authority of the most eminent typhoidians. If the patient died, *that* was perfectly simple: he had a typhoid fever to which he was inevitably doomed to succumb! If he recovered, what a noble triumph for the medicaster, even when he had perhaps arbitrarily imposed the name of typhoid upon a simple and benignant fever, as is constantly done!

How could it be otherwise with such a system that it should be embraced with eagerness by the mediocrities and nullities who always form a large proportion of the medical profession as of every other? It must be admitted that even without descending so low, typhoidism could not fail to have numerous partisans. If the system is well adapted for the officers of health in the country, who, for the most part, are not guilty of much devotion to study, or of great intellectual effort, it is not less advantageous to the physicians in vogue in great cities; for those especially, who, indulging in the luxury of fortune as well as the duties of the profession, are always busily occupied, and cannot practice medicine except by the watch. Instead of consuming their time in investigating the character of a fever by profound study of its exterior causes, of its symptoms, its progress, its tendencies, and above all, its relations with the reigning constitution of disease; instead of laborious exploring, in each particular case, all the sources of curative indications, they pronounce the sacramental words *typhoid fever*, and all is said. They are not afraid, at all events, of being deceived in this diagnosis, because they have admitted in principle that every continued fever is typhoid which is not symptomatic of a local inflammation or of a cutaneous eruption.

They are always ready, however, to admit that they do not know what typhoid fever is, and if it is really a *special fever;* but they persist none the less in always seeing every where *typhoid fever*, or as they say more willingly, *the typhoid affection*, (*la typhoide,*) for the for the word *fever* displeases the adepts of the materialist school, and they strive more and more to banish it from their language. During a few years of enthusiastic success, *gastro-enteritis* supplied the place of fever. Now, gastro-enteritis is no longer heard of; it has quite gone out of fashion, and *la typhoide* has replaced it. Instead of saying, as in old times, *I have a little fever*, or else, *I have a slight gastro-enteritis*, one will say, to give himself the air of a man of progress, *I have* or *feel a little typhoid.* * * Oh! admirable disovery, and how greatly should the sick rejoice at it!

Cosi va il mondo! So goes, we will not say the whole medical world, without exception, but the fashionable medical world, that which is in the possession of the professorships, which perorates into academies, which fabricates fine octavos of loyal and saleable weight, which is always agitating in the name of progress, and which has never originated a single progressive idea.

It is a striking thing and well worthy of remark! This medical world to which we are referring, is far from being homogeneous, for it is composed of almost as many sects as there are individuals who lecture or write: there may be noticed pure anatomo-pathologists or organicists, eclectics, numerists, dabblers in chemistry, and mechanicalists. Ah well! all these little rival sects join in a chorus of perfect harmony as regards typhoid fever. One would say that they had adopted this trite epithet as a neutral ground, or as a haven of refuge to shelter their common ignorance of pyretalogy. Observe, nevertheless, that this unanimity applies only to the denomination of the disease; as soon as the question of treatment is started, there is as much discordance as there was harmony before; separations take place immediately, and each one assumes his individuality. Then the question is, who shall show the greatest number of typhoid fevers cured by his method, by his own peculiar plan, a plan that has not been taught him, let it be well understood, but that he has invented; that is the capital point. After having unanimously recognized, or at least proclaimed, that typhoid disease is always of the same nature, they treat it in the most opposite modes; this one by bleeding *coup sur coup*, the other by purgatives at the commencement, a third by chlorides, a fourth, finally, by nothing or by nothings! * * * *

Do not imagine that such opposite treatments correspond to diversities in the indications deduced from such or such circumstances in the disease; not at all; it is not so that the typhoidians understand medicine. The science of therapeutical indications, which constitutes in fact all practical medicine; that science to which all the great physicians of every age who have treated of epidemics, from Hippocrates to Sydenham and Stahl, have assigned such an elevated rank, that science does not exist for the typhoidian physician. *Ils change tout cela*; and, as the last step in their progress, they have descended to pure and simple empiricism, such as existed in the infancy of the art. Ask of one of these doctors the reason of his preference, for his exclusive preference for blood-letting, purgatives or

any other treatment, and he will reply to you by statistics. * * And God knows what may be the value of statistics applied to therapeutical unities. Always when reasoning or practical demonstration fails, each one has his statistics all ready to prove the excellence of his method.

It is thus that *rationalism*, in substituting itself for tradition, instead of relying upon itself for the progressive development of the medical art, has only produced anarchy and chaos.

Now, if one could compute the thousands of human lives which are compromised every day and hour, in this chaos of practical medicine, he would acknowledge with terror that typhoidism is the most deadly scourge of our era:

Quidquid delirant medeci *plectunter achivi.*

According to the statistical deductions of M. Carnot, derived from the registers of the State, and which are now in the hands of a committee of the institute, the mortality of youth has doubled since 1800. The proportion of deaths in the military hospitals have also *doubled*. Well, in this period of 53 years, are included the three successive reigns of the materialist systems which we oppose, to wit: The anatomical system of organicism, the physiological school of Broussaisism, and typhoidism.

Et nunc intelligite! * * *

The public, comprehending little of what is going on, but suffering cruelly from the insuccess of medicine as it is practiced, turns in its despair to homœopathists, venders of secret medicines, and charlatans of all sorts, who promise it, at least, what medicine *a la mode*, is incapable of either giving or promising.

The reign of typhoidism has become the golden age of quackery.

The typhoidians also begin to be alarmed at the mortality of the prevalent diseases, a mortality which is truly desolating when the immense progress made in public and private hygiene is taken into consideration. They seek, in their way, the cause of this disastrous mortality; and, unable to discover it from their point of view, they attribute it—is it incredible?—to vaccination! Yes, vaccination, that idol of the nineteenth century, is now-a-days subjected to the bitterest assaults. In the first place, it is reproached with being old and worn out, and not to be depended upon but for a limited number of years. If this is the whole evil, it might be remedied by more or less re-vaccinations, and by renewing vaccine matter by means of cow-pox, as has been already done. But there is another re-

proach which is far graver still, if it is well founded. It is pretended (without other proof than incontestable statistics) that vaccinia, by preventing the eruption of variola in childhood, does not destroy the unknown germ of that disorder, and that this germ is subsequently developed in adult life, producing either variola itself, or else some other grave disease. This argument, or rather this prejudice, is precisely that which has prevailed among the populace and the old women since the announcement of vaccination. Do physicians, who have heretofore laughed at it, intend now to entertain it seriously? It is a fact that some typhoidian physicians openly accuse vaccination of typhoid fever, and that they even consider vaccination the principal cause of what they call *the constitution of the century*. It would undoubtedly be a great consolation to the typhoidians if they could succeed in making vaccina the scape-goat, and could render it responsible for the mortality of prevalent diseases. But this is still purely hypothetical. And yet they already talk of abandoning vaccination in order to revive inoculation. A professor of the faculty has declared himself a partizan of this reform, and teaches the practice of inoculation to his pupils, as he himself learned it from the inoculating physicians of the last century.

I have no intention of interfering at this time in this crusade against vaccination. Until light is thrown on this question, if indeed it is ever to be hoped for, I cannot forego a certain distrust. I fear some new retrograde progress, some step backward, like typhoidism; I do not believe that the existing school can realize any useful and serious progress, until it abjures its false principles, and resumes the doctrines of the Hippocratic or traditional school.

This is all I have to say in regard to the propagation of typhoidism and upon its practical results.

As to the system, considered as a scientific conception, it originated (as all the false systems which have succeeded each other since the close of the last century) in the exigencies of material philosophy, that yoke which official medical teachers have not yet shaken off. This is what I attempted to demonstrate twelve years ago, in replying to an honorable and learned colleague, who asked my opinion in regard to the yet recent invasion of typhoidism. I will reproduce that letter and my answer, as published in the *Revue Medicale*, for July, 1852. They will be found to contain a serious and profound dicussion of the basis of the new system, examined in the only work *ex professo* which it has yet produced.

M. Gilbert's Letter to M. Cayol.

"The judicious and striking remarks which you have recently made upon the epidemic at Avignon and Strasbourg, have encouraged me to address you a few words upon the prevailing epidemic in Paris, which is generally designated by the name of typhoid fever.

"I was present lately at a meeting of hospital physicians and city practitioners, when various questions connected with the reigning epidemic formed the chief topic of conversation. I learned that at one hospital containing 230 beds, there were upwards of 60 cases of typhoid fever at one time; another gentleman informed us, that he also had a great number under treatment, and had not lost a single case out of several hundred; I heard from the lips of a third, the important information that provided no active treatment was employed, and the *expectant* method chiefly trusted to, typhoid fever would *always* terminate happily; a fourth added, that he thought mild laxatives, in many cases, useful. All agreed in designating the disease as *typhoid fever*.

But, although this name may have been brought into fashion by a school which is willingly satisfied with words in place of things, who is there that will not admit that the appellation is ill-chosen at best, and that in particular it cannot be applied to the epidemic now prevailing in this metropolis? For in what does this epidemic really consist? In fevers induced by the continued heat of an unusually warm summer, which has caused the development of diseases analogous to those which prevail in tropical climates. Now these fevers (usually of a benignant form) assume very rarely the proper typhoid character; but are usually of a bilious or catarrhal form: in some cases, the fever is inflammatory and continued; occasionally it is more or less remittent; and still more rarely has it any thing of an adynamic or putrid character, be it observed, to which the name of typhoid would be least inapplicable. All these forms of febrile disease, are evidently attributable to the mode of reaction in individual cases—a reaction which manifests itself in different ways, according as the constitution of the patient is either sanguineous, bilious or nervous.

I have several patients in my service of skin-diseases at the Hospital St. Louis, affected more or less severely with the epidemic. In some it has been only an ephemeral fever, which passed of by sweat-

ing in two or three days; while in others, the fever assumed the catarrhal form; cough, nausea, slight diarrhœa, and a white coating of the tongue, being the most prominent symptoms. In one of the patients the ataxic variety of the disease was characterized by restlessness, delirium, paralysis of the bladder, and constipation of the bowels. In a few cases the symptoms have been remittent. Now I ask, is it not prudent to retain the old classic names of these various forms of fevers, rather than to blend them all together under the single appellation of *typhoid?*—which, as far as the present epidemic is concerned, is unquestionably the least applicable of all. Is there not a great practical advantage in retaining names which in themselves suggest therapeutical indications? and has it not been clearly shown that the pretended success of certain statistic physicians, who have boasted of the results of a particular method of treatment, are explained by the erroneous use of this phrase, *typhoid fever?*

If you will allow me to add one word upon the treatment of the reigning epidemic, I will say in conclusion, that while concurring with the majority of my colleagues that in most cases the expectant treatment is safest and most judicious, still I have employed quinina with decided benefit in cases presenting a remittent character (usually without shivering at the commencement of the paroxysm,) and in ataxic cases; and when there was excessive vascular action, I have had recourse to moderate depletion with advantage.

I should be happy if this brief letter might induce you to develop, in one of those articles so weighty in thought and so serious in language, which you have the gift of writing, the refutation of the doctrines of the pretended eclectics among us.

Receive, etc.

GILBERT."

Letter from M. Cayol to M. Gilbert.

"You ask me to talk with you on the subject of typhoid fever. Alas! you well know what I think of it: you wish me to put my hand into an open wound, to lay bare the miseries, and to expose the infirmities of the school that has been called the materialist, the anatomical, the anatomo-pathological, the physiological, the organic, the eclectic, or by what other epithet you may choose to name it; for it is always the same.

In zoological science in general, as in medicine in particular, in ultimate analysis there cannot be more than two schools:

One views the organs of the body, whether in a healthy or diseased state, as the instruments of life; diseases, as abnormal reactions or functions of the organism; and organic alterations, as effects and eventual results of these abnormal functions and reactions; this is the vitalist or spiritualist school in medicine.

The other seeks and pretends to discover, in the organs or their contexture, in the molecules of which they consist, and in their material alterations, the *why* and the *wherefore* of life, and of all the physiological and pathological phenomena by which it is manifested: this is the anatomical or materialist school, with the synonymes of which you are familiar.

This school, the superannuated daughter of the philosophy of the last century, has no longer any point of support in general philosophy, which has shaken itself free from the materialist fetters, to soar to a more elevated intellectual sphere; but it now rests upon a spirit of coterie and mutual admiration which has succeeded marvellously well of late years. Adroit in profiting by political circumstances on every occasion, it has got itself installed in all the professional chairs, and into almost every scientific position; and thus it has acquired a sort of monopoly of the public teaching of medicine, most zealously excluding every one who does not hold the same opinions, from having any share along with it. Every work that is purely intellectual, is displeasing to it, and will often excite a movement of repulsion on its part; for it knows nothing and appreciates nothing but figures and material phenomena.

If, in a *concours*, it is wished to defeat a man of real talent, whose mind has roved beyond the narrow circle of anatomism, some mediocrity is always found who will blindly obey the dogmas of the sect, and it will adopt such a man, however ridiculous he may be:

Dignus, dignus est intrare in nostro docto corpore!

The coterie does not love the *Revue Medicale*; it reads and profits by it as much as it can, but it never mentions it. That is its tactics. It has long since placed us upon the *index*.

As long as the anatomical school had a head, poised on the broad shoulders of Broussais, it managed to maintain the attitude of a doctrinal system. By pushing to the extremest limits the localization of diseases, and referring to an inflammation of the gastro-intestinal mucous membrane all the phenomena of essential or primary fevers, the celebrated reformer solved in his way, and by de-

termined principles, the great question of fevers, which is the culminating point of every medical doctrine.

When Broussais died, his school died with him ; no head, no doctrine :—or rather the doctrine died first, for every one knows that Broussais survived by several years the death of his intellectual offspring. There was, moreover, a scism in the camp of the materialists. The present coterie, which already bestirred itself not a little, occupied the same position, in the school of medicine which the *doctrinaires* do in that of politics ; they are so called because they have no doctrine, and yet they regard themselves as the sole adepts in government craft. This coterie refused to acknowledge Brouissais as its legitimate head ; it threw off the appellation of *physiological.* an assumed that of *anatomo-pathological, organic,* and *eclectic.* Still the system of *gastro-enteritis* being obsolete, the immense problem of fevers was without a solution, and rested with all its weight upon the feeble school which had wished to substitute its dogmas for Brousais.

The embarrassment was great. M. Andral, who at that time was engaged in publishing a second edition of his Clinique Medicale, no longer knowing what to do with fevers, left them out altogether. "*The progress of science,* he said in his preface, has induced me not to devote, as in the former edition, a special volume on fevers." Singular *progress* that! A few such steps, and medical science would be reduced to *zero.* "Yet (continued M. Andral) I have carefully preserved all the observations contained in that volume ; but I have now given them another place, arranging some of them among the *diseases of the abdomen,* and others among the *diseases of the nervous centres.*"

We clearly perceive by these timid and embarrassed remarks, that the young professor had retained a slice of the system of gastro-enteritis, since a portion only of the volume upon fevers was transposed to the section of diseases of the abdomen. We see also that he attempted to stitch upon this slice of doctrine, a fragment of another of quite a different nature :

Unus et alter assuitur pannus.

The position was quite untenable, as I have demonstrated some time since.

Physicians were unwilling to employ the expression gastro-enteritis to designate fever in general, because it recalled the dominion of

Broussais, and they did not wish to appear before that school. It was the policy of the coterie to erect altars against altars, to constitute a separate school, or even many schools; for, after all, each one wished to have his own. The sarcastic severity with which Broussais was accustomed to rebuke these ridiculous intentions is well known.

The terms dothinenteritis, follicular enteritis, intestinal exanthem, etc., where not pliant enough to embrace every variety of fever. A new phrase, therefore, was necessary, and it was resolvod to call the disease *typhoid fever;* and subsequently, in order to get rid of the objectionable word "fever," it was denominated *typhoid affection* or *disease.*

Rare et sublime effort de l'imaginative ! !

The word typhus, in Greek, signifies stupor; and hence, Hippocrates and many writers after him, applied the name of *typhus* or *typhus fever* to certain grave or continued fevers in which fever was the predominant and characteristic symptom. But the epithet *typhoid fever* or *affection* applied to fevers in general, only charactrizes utter confusion of id as and absence of sound medical doctrine.

What is a fever or disease that resembles typhus, but yet is not typhus? When we speak of *varioloid,* we signify an exanthem which approaches more or less nearly in its symptoms to genuine variola. We see pustules here and there, and compare their form, color and mode of development, and judge whether there is identity or only resemblance to small-pox. But it is impossible to conceive of any thing which resembles stupor, and which is not stupor. In this simple phenomenon, whatever its degree of intensity, there is no longer any thing to compare.

Explain yourselves, gentlemen of the anatomical school. Is there always stupor in these diverse and opposite fevers which you so arbitrarily group together? If there is no stupor, why call the disease typhoid? How can it have any resemblance to the fever, the very name of which points to this as its characteristic phenomenon? If stupor does exist, why not call it typhus or typhus fever?

It is because materialist prejudices are present with their demands, and because this sect, unable to characterize fever by any single anatomical fact, has not the courage to characterize it openly by the expression of any vital phenomenon, as stupor; it is afraid of

appearing vitalist; and hence, as it would be rather ridiculous to give the name of *typhus* to a multitude of trifling febrile diseases which no more resemble the genuine typhus fever than the bite of a flea does an attack of apoplexy, they have happily bethought themselves of the word *typhoid*—a word which, expressing only a vague analogy, it was supposed might be applied to all the fevers which they despaired of being able to characterize by local lesions.

Nevertheless a man appeared of wonderful mental tenacity, and of indefatigable patience, who did not despair of discovering the antomical character of typhoid disease, that is, as he understood it, of continued fever in general.

Fortified with his anatomical knowledge, with his eyes, his hands and his scalpel, he undertook the hardest and most fastidious task that any physician perhaps ever accomplished in behalf of the *interests of science.*

During six consecutive years, he subjected himself to the task of accomplishing and submitting to what he called a mercurial analysis, all the cases of acute disease, of whatever nature, which were received in M. Chomel's wards at La Charité ; and this with the preconceived design of comparing *acute typhoid affections* with *acute non-typhoid affections*, as regarded their symptoms as well as their organic lesions.

We observe already that to establish his field of observation, M. Louis takes for granted what is disputed, and that instead of taking his starting point from something known and established, he traces an imaginary line. Can any thing be more fanciful and arbitrary than this *a priori* division of diseases ? This is a vain hope of solving a difficult problem by an insignificant and valueless word ; it appears to me impossible to conceive of a more complete confusion of medical ideas.

Let us pass on, however. Here are hundreds of acute diseases of every variety, accompanied by 133 autopsies, minutely described and exactly recorded. In the first place, it is necessary to separate all these diseases into two categories, and to compose two unities in order to have the elements of a binary comparison.

How does M. Louis do this ? He abstracts the pneumonias, pleurisies, apoplexies, and in a word, whatever he calls an acute inflammatory affection. He adds to these eruptive diseases, and of all together he constitutes his category of *acute non-typhoid affections.*

All that remain after this process, that is not inflammatory or eruptive disease, belongs to *typhoid fever*.

Thus are constituted two categories, two nosographical unities, the comparison of which, symptom by symptom, lesion by lesion, organ by organ, by means of *numerical analysis*, must lead to the discovery of the anatomical characters of typhoid fever, or in other words, of the *seat and nature* of that disease.

Did any one ever see two unities made thus? Does it not appear like an attempt to parody an excellent law of nature, *unity in multiplicity*, which law has nothing to do with the matter.

If these two unities, composed of such a large number of diverse and complex pathological individualities, were really distinct and separate; if there existed as clear a line of demarcation, or nearly so, as M. Louis has instituted with his pen between the two columns of his register, he might hope for some result from the comparisons he proposes; but the least reflection suffices to show that this is not the case—that the reverse is true.

Who can believe that, in the category of *acute typhoid diseases*, M. Louis has not, perhaps quite unconsciously, admitted on the one hand some inflammatory diseases, and on the other hand some diseases that are not really typhoid? If any one could believe this, his mind would be disabused by reading the author's own observations; for we find in the details of his autopsies, that in nineteen cases of *typhoid fever*, there was found more or less decided carnification or hepatization of the lung; that in several other cases, tubercles or other pulmonary lesions existed, and in short, that out of 45 deaths from alleged fever, these organs were sound in 15 only; in 19 there was pleuratic effusion, in many others considerable congestion of the pia mater, in some albuminous false membranes on the cerebral surface, and in some others partial softening of the substance of the brain.

After this, M. Louis enters upon endless wearisome anatomical subtleties, to prove that such an one of these various lesions was not precisely like those found in subjects who die of *acute non-typhoid affections*, or that such another was of very slight importance. * * * We know what value to attach to facts like these; we have also made autopsies, a great many of them, during a long series of years. M. Louis does well to say so. The remark remains and will remain.

And in the other category of diseases, those which are arbitrarily designated *non-typhoid*, is it possible to imagine that, among all the

cases of peripneumonia, angina, scarlatina, apoplexy, and especially among the cases of protracted disease, there were not many which had as much of a typhoid character as the contents of the other category?

And among the patients in the two categories who recovered, can we not legitimately suppose that there was a greater confusion still than in regard to those who perished?

Let all these remarks be carefully weighed—let us suppose, if it is possible, by some approximate data which may be easily deduced from what has gone before, the innumerable sources of error which emerge on every side on such a bad field of observation—and then decide whether we have here the proper elements of legitimate deductions.

M. Louis, unembarrassed by difficulties of which he does not appear to dream even, impurturbably prosecutes his work.

In the first part he presents eighteen excellent observations of typhoid fever to serve after a fashion as a type of the disease. Each of these observations is terminated by a most detailed account of the autopsy, followed by some reflections and commentaries upon the symptoms and also upon the organic alterations. He finds in all an alteration of the agminated follicles, called Peyer's glands, or *plaques elliptiques* of the small intestine, which are more or less red, tumefied, hard or soft, ulcerated or non-ulcerated, according to the intensity of the lesion. Corresponding alterations of the mesenteric glands are also found; these are more or less enlarged, reddish or blueish, softened or indurated, and sometimes in a state of suppuration, especially towards the extremity of the ileum, near the cœcum, etc.

The second part, entitled *General Description of the Organs*, comprises a successive comparative description of all the viscera in subjects who have died of typhoid fever, or have died of other acute diseases. Be it observed, the author proceeds always by a method of *numerical analysis*, which consists in making arithmetical estimates of all the changes of color, consistence, texture, volume, etc., which are found in each viscus; and, in comparing these estimates, in order to determine the relative frequency in the two categories of each of these alterations. The author thus passes in review in so many separate articles, occupying three hundred pages, not only all the large and small organs of the body, but also their appurtenances and dependencies; he forgets nothing, not

even the excrement contained in the large intestine, the quantity, color and consistence of which he carefully records, in order to be able to assert precisely how often it was liquid, soft or solid, green or yellow, etc., in the *acute typhoid diseases*, and subsequently comparatively in the *non-typhoid affections*. By this detail, the rest may be conceived: *ab uno disce omnes.*

The conclusion of all these arithmetical calculations and comparisons is, as one might have foreseen, that alterations of the eliptical patches of the small intestines are found in all subjects who have died from typhoid fever, and that they are not found in subjects who have died of other acute diseases. True, we find in the latter ulcerations in the intestines, and even tumefaction and redness of the mesenteric glands; but these ulcerations do not precisely affect the *plaques elliptiques*; and you will easily comprehend the great difference! Be careful not to confound in practice diseases so dissimilar: the mistake might be most serious!

Thus, then, M. Louis has gathered the fruit of his long and laborious task. The problem is solved; the discovery he wished to make, he has made. That it may not be supposed that we are wronging M. Louis, we shall let him announce the precious results of his observations and calculations in his own words:

"The elliptical patches of the small intestines having been found to exhibit a morbid alteration only in those persons who have died of the typhoid disease, this alteration having been constant, usually very serious, always developed according to the same law, whether death has arrived after eight days sickness or after a much longer interval, and having been also in some cases the only lesion present, it is necessary not only to regard it as *peculiar to the typhoid affections, but as constituting its anatomical character*, just as tubercles do that of phthisis, whatever may have been the cause which produced their development."*

Here, in fact, M. Louis' work concludes, as far as we are concerned; it has already seemed very long, and yet we have not reached the end of the first volume; all that follows adds nothing to the certainty of the demonstration.

In the third part, entitled *Description of Symptoms*, the indefatigable author proceeds to discuss comparatively the symptoms of acute typhoid and non-typhoid diseases, by the same method of nu-

* Op. cit. tome premier, p. 199.

merical analysis, and with the same minuteness as he has already displayed in regard to the lesions of the various organs found on dissection. Four hundred mortal pages scarcely suffice him to register an infinite number of minute, tedious, isolated, pathological and semiological details, which are subsequently arranged in arithmetical tables, which can never impress the mind or be fixed in the memory, from the utter absence of all logical cohesion between them. By such a method as this, the observation of the living man is more dry, barren and fanciful than that of necroscopic phenomena in the dead, as the former will not yield so readily to isolation and arrangement of appearances as the latter. Instead of a series of living and animated pictures, the study of diseases becomes nothing but a dead letter.

I shall not follow the author into the domain of semiology; it would be useless as far as my object is concerned. I cannot leave this portion of the work, however, without a single reflection. That a person should draw up cases minutely, and analyze them in different ways, is quite natural. Every one has the method of working; and provided he arrives at some useful results, no one will call him to account for the means by which he has attained them. But to print a medley of notes and calculations, and to compose heavy volumes of them—is not this letting the public into the confidence of one's studies for a price ?—a dear price too, when it is remembered that the public consists chiefly of young students who have to economize both time and money. If M. Louis, for example, had been content to publish the *results* of his researches upon typhoid fever, supporting them by a few chosen cases, and explaining his process of numerical analysis, so that every one could verify them at his leisure, his work would certainly have been quite as instructive, and much more readable. When the house is built, they usually take down the scaffolding, unless they wish to leave it to conceal some defect in the construction.

PART THIRD.

AMERICAN INTELLIGENCE.

Art. I.—*New York Hospital Reports.*

H. D. Bulkley, M. D.

My Dear Sir,—I regret that I am prevented from furnishing you with a more elaborate report from the Hospital during my recent term of duty; but I trust that the subjoined cases will be found worthy of record. They have been prepared from the records of the house, by a friend for whose accuracy I can vouch.

Very truly yours,

Wm. H. Vanburen.

Strangulated (congenital) Hernia: tumor situated in inguinal canal; stricture at internal ring; operation; cure.—John Anderson, 30, robust, mate of a coasting vessel, was admitted on Friday, September 23rd. He was complaining in the belly, and inability to relieve his bowels, which had not been opened since the Sunday previous (six days.) He had a tender swelling, the size of an English walnut, in the right inguinal canal, and a swelling in the same side of the scrotum, as large as a goose-egg. The external abdominal ring was free, being occupied only by the elements of the spermatic cord; the little finger introduced into it could touch the inguinal tumor, and perceive a slight impulse communicated to it in coughing. The scrotal swelling, which had grown gradually since the intestinal obstruction, seemed to consist entirely of fluid. Between the inguinal and scrotal tumors, the spermatic cord was free from thickening. The patient's pulse was 70, and good; he hiccoughed occasionally, and had vomited slightly. but only after taking food or drink. His abdomen was distended, resonant, and hard.

He stated that two weeks ago he had ruptured himself at Savannah, in lifting a cask, and that the rupture, which he could always readily return when protruded, had never passed the stage of bubonocele. On the Sunday before admission, whilst at sea, the rupture became painful, and he could no longer reduce it; at the same time the bowels began to swell, and cease to act. His vessel arrived at this port

on Tuesday, and he was under medical care until his entrance into hospital; but withour entire relief. Attempts had been made to reduce the tumor, and tobacco, enemata, laxatives, antimony and morphine had been employed, The taxis was now attempted again, but without favorable result. The patient was ordered a fraction of a drop of croton oil every hour, in a pill, with ext. of hyoscyamus, and comp. extr colocynth, to be followed after the fourth hour by a full enema, administered thoroughly by means of the long rectum tube.

At a consultation called at six o'clock, P. M., no results having followed the treatment, the operation was advised.

The incision was commenced over the internal abdominal ring carried along the course of the inguinal canal and spermatic cord, curving downwards upon the scrotom. On opening the sac, it was found to be continuous with the tunica vaginalis testis, the testicle being exposed, and some ℥iij. of fluid escaping—the scrotal tumor having thus evidently resulted from its accumulation. The tumor in the inguinal canal was formed by a knuckle of small intestine of a dark brown color, but fit to return; the stricture, which was formed by the neck of the sac at the internal abdominal ring, was divided, and the gut returned with the usual precautions. The strangulated portion of intestine was coated with shreds of false membrane, and the internal surface of the sac was evidently inflamed. The wound was closed, moderate pressure applied by a spica bandage, and the patient ordered a grain of opium every hour, except when asleep. He had very copious evacuations from the bowels during the night.

His pulse never exceeded 100 after the operation. The opium was continued for four days, and gradually withdrawn, no unpleasant symptons whatever occurring, and convalescence followed rapidly.

Remarks.—The long continuance of the strangulation in this case (6 days,) and the inflammation of the sac which had taken place, rendered the prognosis bad. In view of the probable occurence of general peritonitis, opium wes given freely, as in an ordinary case of wound of abdominal cavity.

The continuity of the cavity of the peritoneum with that of the tunica vaginalis still persisting at the age of 30, brings this case under the denomination of congenital hernia, and shows at the same time, the inaccuracy of this term. The patient could not recollect that he had ever been affected with rupture previously, at any time of his life.

Temporary and Complete Amaurosis, symptomatic of gastric and intestinal irritation.—Henry Woods, æt. 23, colored, seaman, was admitted into the Hospital on the 14th of September. He stated that on the day previous, after eating some fruit, he was seized with colicky pains in the abdomen, which were soon after succeeded by utter blindness. The eyes appeared to be perfectly healthy, and were free from pain, the pupils sluggish in their action. and somewhat dilated. On examination by the attending surgeon, he was found to be laboring under simple colic, dependent upon improper food. The tongue was white and pasty; the abdominal pain paroxysmal and characteristic. He had vomited freely. Bowels had not acted for several days. The blindness was regarded as probably symptomatic of the intestinal irritation. Cups were ordered to temples and back of neck, and an active mercurial cathartitc administered. On the following days the bowels had been relieved; no longer colicky pains, and there were symptoms of reutrning vision. No pain or tenderness of abdomen.

On the third day the eyesight had returned, and he was discharged completely cured, one week after admission.

No symptons could be detected in this case of the presence of any poisonous substance in the stomach.

Crushed Foot; Amputation (Chopart's); Recovery.—P. Malone, æt. 20, was admitted on the 15th of Sept., having, a few hours before, had the toes and metatarsal bones of the left foot completely crushed by a railroad car, one of the wheels of which passed over the part. Upon entering the Hospital, the patient was immediately put under the influence of ether, and it became evident, from the examination which was then instituted, that all prospect of saving the foot was out of the question. Chopart's operation was accordingly performed, some little difficulty being experienced in making satisfactory flaps, on account of the mangled condition of the soft parts. The wound was brought together by sutures, although very great doubts were entertained regarding the probability of obtaining union by the first intention. An anodyne was administered, and the stump directed to be kept constantly wet with a mixture of *tepid yeast and water*. Small sloughs formed at two points upon the upper flap, which, upon separating, left the parts beneath in a healthy condition. The patient has continued to do well, under such simple treatment as the exigencies of the case required; and at the present time, the 22d Oct., has very nearly recovered, with the prospect of an excellent stump.

In this case, as in all injuries produced by the passage of the wheel of a railroad car over a limb, the integuments of the neighboring parts had been subjected to excessive stretching, and the superficial blood vessels ruptured; thus placing the flaps in a condition unfavorable for healthy union, and rendering them extremely liable to slough from the slightest provocation, such as the occurrence of erysipelas, or even of a moderate degree of healthy inflammation. The precaution was adopted in this case, of bringing the flaps together with as little tension as possible; and at one point, over the inner side of the ankle, where the integuments had been detached from the parts beneath, a free incision was made, so as to expose the whole extent of the subcutaneous laceration, and to this practice the escape from sloughing, at this point, was attributed.

Wound of Abdomen, with Intestinal Protrusion; Treatment by Opium; Recovery.—T. Sheridan, æt. 30, laborer, was admitted on the 10th of Sept., with a stab in the abdomen, about one and a half inches from the umbilicus, and a little to the right of the median line. The wound was about two and a half inches in length, semicircular, the concavity looking upwards and to the left, and from it a large mass of both great and small intestines protruded. No opening could be detected in the intestines, and no other fluid than blood (of which a large quantity) had escaped.

The intestines were returned, the wound closed with sutures, a compress and bandage applied, and anodynes administered.

The treatment consisted in the administration of free doses of opium (a grain every hour, for the first twenty-four hours, and then a grain every two hours) until the fourth day, when the sutures were removed, and there being no symptoms of peritonitis, the patient's bowels were opened by the administration of castor oil.

Under this treatment the patient convalesced rapidly (no untoward symptoms whatever occurring), and he was discharged cured, on the 24th inst., *just a fortnight after admission.*

Compound Comminuted Fracture of the Femur, near the Great Trochanter, with extensive laceration of the soft parts; Amputation at the Hip Joint; Death.—Eliza Reid, æt. 8, was admitted into the Hospital on the 5th of July, two hours after being run over by a railroad car, which produced a compound comminuted fracture of the femur, and extensive laceration of the anterior portion of the thigh; the wound extending from two inches below Poupart's ligament to the knee joint. No pulsation could be felt in the anterior tibial artery. There was considerable vomiting before admission.

Reaction having taken place, a consultation was called, and amputation at the hip-joint advised; Drs. Cheesman, Buck, and Markoe being present. At 10 o'clock, the patient being placed under the influence of ether, the operation was performed, by antero-posterior flaps, and the wound brought together as rapidly as the safety of the patient would admit. Very little blood was lost during the operation. The patient vomited during the administration of the ether, rejecting some half digested food, which had been taken before the accident. The shock of the operation was excessive, but in two hours the patient had completely rallied, under the careful use of stimulants, and, all circumstances being considered, passed a favorable night.

The condition of the patient appeared promising until the morning of the 7th, when the pulse began to grow more feeble and frequent, and slight delirium was noticed. From this time she sank gradually, and died at 2 o'clock, P. M., forty-six hours after the injury, and forty-two after the operation.

The fatal issue in this case was attributable mainly to the excessive depression of the powers of life, which always follows railroad injuries. The child rallied from the fearful injury she had received, and also rallied well after the operation; but sank in the effort at reparation. A *post-mortem* examination showed union already partially effected in the stump, and no internal injuries were detected. The mode of operating adopted in this case, was that which had already been performed by the attending surgeon, in a case followed by recovery; the posterior flap being made by an incision carried from without inwards.

Compound Comminuted Fracture of Humerus, near Shoulder Joint, with Wound of Brachial Artery; Amputation at Shoulder Joint; Recovery.—Christopher Fricke, æt. 35, a healthy German, of temperate habits, was admitted on the 1st of July, with a comminuted fracture of the humerus, at its surgical neck, accompanied by severe bruising of the surrounding parts, and occasioned, a few hours previous to his admission, by the fall of a building, at which he was employed at work. One of the fragments of the humerus had been forced through the integuments on the inside of the arm, near the axilla, lacerating the soft parts extensively, and wounding the brachial artery. The limb was much infiltrated with blood; its temperature was much lower than that of the opposite side, and no arterial pul sation could be detected below the seat of the injury. No hemor-

rhage. On the following day, reaction having taken place, a consultation was called upon the case. It was determined to endeavor to secure the wounded artery, to explore the extent of the injury, and, if possible, to endeavor to save the limb. A ligature was accordingly placed beneath the axillary artery, after the administration of ether; and the incision thus made was prolonged downwards, over the brachial artery, into the original wound. Several arterial points were secured, but the comminuted state of the bone, and the extensive detachment of the soft parts around its head, together with the extensive infiltration of blood amongst the injured parts, rendered the removal of the limb evidently advisable, and this was accordingly effected by means of antero-posterior flaps. Serious collapse followed, from which the patient rallied in a few hours under stimulants, and subsequently recovered, without a serious symptom. He was able to leave his bed within three weeks from the operation, and was discharged, cured, on the 11th of August.

ART. II.—*Annals of Micrology*—BY ROBERT D. LYONS, M. D.

DEFINITE MORPHIC ELEMENTS.

Elments of Blood: Origin and Destination of the Blood-corpuscles.—Bennett has investigated this highly interesting and important problem, about the solution of which two opinions have chiefly prevailed; one being, that the colored corpuscles are formed from the colorless (by direct transformation, Paget;) the other theory maintaining, that while such may be the case in fishes, reptiles and birds, in mammals the colored disc is merely the liberated nucleus of the colored corpuscles (Wharton Jones.) From his own researches, Bennett inclines to the latter view; the paper contains the results of several observations connected with his researches on leucocythemia, which appear to him sufficient to establish this opinion. The following are his conclusions:

1. That the blood-corpuscles of vertebrate animals are originally formed in the lymphatic glandular system, and that the great majority of them, on joining the circulation, become colored in a manner that is not yet explained. Hence, the blood may be considered as a secretion from the lymphatic glands, although in the higher animals that secretion only becomes fully formed after it has color by exposure to oxygen in the lungs.

2. That in mammalia, the lymphatic glandular system is composed of the spleen, thymas, thyroid, supra-renal, pituitary, pineal, and lymphatic glands.

3. That in fishes, reptiles and birds, the colored blood corpuscles are neucleated cells, originating in these glands; but that in mammalia they are free neuclei, sometimes derived as such from the glands, at others developed in colorless cells.

4. That in certain hypertrophies of the lymphatic glands, their cell-elements are multiplied to an unusual extent, and under such circumstances find their way into the blood, and constitute an increase in the number of its colorless cells. This is leucothyemia.

5. That the solution of the blood-corpuscles, conjoined with the effete matter derived from the secondary digestion of the tissues, which is not converted into albumen, constitutes blood-fibrin.

Whatever importance may be attached to these conclusions as regards the adult, it must be borne in mind that blood-corpuscles are formed under conditions in which there can be no connection shown with glands of any kind, as in the ovum; and again, as we learn from M. Lacanu's researches, that while fibrin is abundant in the serum, it exists only in the *envelopes* of the globules.

Micro-Chemistry of Blood.—M. Lecanu has presented to the Institute a memoir on the blood, in which he takes up the solution of some highly important questions—viz: the origin of the fibrine, the separation of the globules from the other constituents, and the determination of the chemical constitution of the globules. Having satisfied himself that a concentrated solution of sulphate of soda, which prevents the precipitation of fibrine, is without action on the globules, he received a quantity of blood into a solution of sulphate of soda, at a temperature of 12 degs., and marking 12 degs. Baume. The mixture was then filtered; the globules remained on the filter, while the serum passed through; from the latter, on the addition of eight or nine times its volume of water, the fibrine was precipitated in gelatinous filaments, scarcely a trace of it remaining in the filtered liquor. As it is subsequenty shown that the globules contain but very little fibrine, and that only in their envelopes, it follows that this substance is contained in the serum chiefly. It order to obtain the globules perfectly free from serum, it is only necessary to allow them to remain on the filter, and wash them with the saturated solution of soda. When obtained thus, M. Lecanu finds that they consist of not less than eight different substances—1. Hæmatosine, 2.

Globuline; 3. A very small quantity of albumen; 4. A fibrinous matter, constituting their envelope; 5. An animal extractive matter soluble in ether and alcohol; 6. A fatty matter; 7. Various salts, amongst which are chlorides, phosphates, and alkaline carbonates; and, 8. Water, which holds all these matters, with the exception of the envelope, in solution. Water, it is well known, breaks up the globules, leaving the envelopes isolated, and dissolving their contents; by boiling the solution, the globuline, hæmatosine, and albumen, are coagulated. Hæmatosine is soluble in alcohol and ether at ordinary temperature, giving to solution a beautiful red color of blood, and by spontaneous evaporation, forming small lamellæ of a metalic lustre, and an amethyst color, exactly like the red silver of mineralogists. M. Lecanu believes in the presence of iron in the blood, but does not express himself definitely as to its particular mode of combination. (He suggests, with regard to hæmatosine, that there is reason to think that it would be an excellent substitute for the combinations of iron exhibited in chlorosis and other affections. The difficulty of preparing it in sufficient quantity is, however, considerable; the largest quantity he obtained being about 30 grains, from somewhat more than one pound and a half of ox blood.) With regard to albumen in the globules, the commissioners appear to think that, as it is in such very small quantity in these little bodies, swimming in a highly albuminous fluid, its presence in them may be due to absorption or endosmose. The following contrast between the two chief constituents of the blood is highly interesting and valuable: "It results," say the commissioners, "from these observations, that the animal matters which compose the serum are essentially different from those which compose the blood corpuscles. The serum contains but albumen and fibrine; no globuline—no hæmatosine; the globules, on the contrary, contain hæmatosine and globuline, with a fibrinous matter, but no fibrine, and only a litle albumen."

Neucleolated Red Corpuscles in Blood.—Mr. George Busk has recently met with an example of this very rare condition. In his Memoir on the Blood, in the "Philosophical Transactions" (1845,) Mr. Wharton Jones states that the bodies are common in the blood of the horse and elephant; but they appear to have occurred to his observation but once, and that doubtfully in the blood of man. Mr. Busk's observation was confirmed by Mr. Huxley; only one corpuscle was seen, but in a very distinct and clearly defined manner

The nuclear portion of the corpuscle was rather smaller than most of the free blood discs, but not so small as some of them, nor, apparently, much, if at all, below the mean size. On proceedings being taken to make an accurate measurement of it, it disappeared; no others could be found on prolonged investigation of the same blood, which was taken, about an hour after breakfast, from a young and vigorous man.

Blood-Corpuscles Nucleus.—Harting advocates the existence of a nucleus in the human blood-corpuscle. When treated with a solution of corrosive sublimate, the corpuscles become remarkably altered in form; they contract to about one-tenth of their size, assume a spherical shape, and at the border a small, generally round or oblong body passes out. This he considers to be the nucleus. This distinguished observer further remarks that in the blood of the same animal much difference will be found in the comportment of the corpuscles to a solution of given strength, some being more and some less affected, apparently according to the manner in which they are presented to the regent.

Absolute quantity of blood-corpuscles.—Quantitative Microscopical and Chemical analysis of the blood-co puscles and blood-fluids.—Under this head, a memoir has appeared from the pen of Vierodt, who proposes to estimate the quantity of the blood-corpuscles in a given volume of blood by actual numeration of them under certain conditions. The mode of procedure is as follows: a small quantity of blood is taken up by a capilliary tube of a certain diameter, and uniform in size throughout. The length of the blood column is measured under a low magnifying power, and this quantity multiplied by the known diameter of the tube gives the total value of the column. The blood is now allowed to run from the tube on a glass slide, and the last particles are washed from the tube with a solution of gum or albumen, with which the whole is now mixed, and uniformly spread on a glass slide in a narrow striæ, three to four inches long. With a finely pointed glass tube the corpuscles are distributed with as much uniformity as possible. The blood-streaks are then successively brought under the divisions of an ocular micrometer, and the number of corpuscles in each carefully counted. The smaller the diameter of the capillary tube, and the volume of blood employed, the less difficult will be the process of reckoning. Where we only wish for approximative results, a measured volume of blood may be mixed with a known quantity of a menstruum, such as gum

or albumen solution, and a microscopic quantity of the mixture can be submitted to the microscope for the purpose of counting the corpuscles. In a subsequent communication the author gives the results of nine measurements made with extreme care and delicacy of manipulation. The capillary tubes employed were 0.8295^{mm} to 0.8327^{mm} in diameter, the quantity of blood operated on not more than one five-hundredth of a cubic millimetre. The mean of the nine calculations gave, in a cubic millimetre, 5,174,400 blood corpuscles; in a cubic line 59,396,100 corpuscles; the maximum in the cubic millimetre, 5,818,700, the minimum 4,597,800. These measurements were made during the winter, and when the author was suffering from indisposition. The process of counting is extremely laborious, Vierodt's idea of quickness being, that in summer and by good light a single enumeration may be completed in a week!

The method of estimating the total quantity of blood-corpuscles in the body, by multiplying the number contained in a given volume, and ascertained by this process, into the total volume of blood in the body, is open to several objections, and contains more than one source of fallacy. Thus the corpuscles vary much in diameter. (Lehmann has found great differences in the blood of the porta and the liver.) The several acts of micrometry and enumeration are of exceeding difficulty and liable to many errors. But in addition to all these difficulties, which have been pointed out by Funke, in his report on the subject in the Juhrbucher (*loc. cit.*) we apprehend that the labor and truly iron patience required to carry out a single enumeration will be an almost total obstacle to its employment. We indulge hopes, however, that some simplification of the process may be devised, whereby its practical application to the blood analysis may be, in a great measure, facilitated. In estimating the relative as well as the actual quantity of the red corpuscles in various states of disease, such a method would be invaluable in clinical research. In a critical review of a work on leucocythemia, without being acquainted with the researches of Vierordt, we have ourselves called attention to this great desideratum. Professor Bennett thinks the best method of estimating the relative proportion of the two kinds of corpuscles, is to observe the spaces or meshes left between the rolls or aggregations of yellow corpuscles. In reference to this subject we ventured to make the following suggestions: "For the purpose of a more acurate estimate, we would suggest the use of an occular micrometer divided into squares

of any convenient dimensions, with the aid of which we may ascertain, in a number of examples of normal blood, what is the natural numerical proportion between the red and white corpuscles, by counting both as they are placed under the square in two or three opposite portions of the field, selected indifferently; the average result of a few computations of this kind, we are of opinion, would be found to be not far from the truth. A similar proceeding could then be had recourse to, to estimate the proportion between the numbers of the white and red corpuscles in suspected cases of leucocythemia. Until some such process be brought into use generally, it is manifest that we can learn but little from such vague statements as are usually appended to reports of cases, "one-third as numerous," "greatly increased," etc. etc. We do not venture to be too sanguine about the success of this process, but we have some hopes that it will be found useful.

PART FOURTH.

EDITORIAL AND MISCELLANY.

SALUTATORY.

In assuming the Editorial management of this Journal, which is now approaching the last period of a septennial existence, we are not without misgivings that its future will be as able and as useful as its past. Possessed of talents, untiring industry, and an instinctive desire to promote the interests of the profession, my immediate predecessor has spared no pains to make the Journal an acceptable visitor to the great body of physicians, located in the West and South. Assurances from many who are competent to judge of the value of periodical literature, and a constantly increasing subscription list, attest that his exertions have been appreciated. He now retires, as editor, much to his own regret, but in obedience to impressions that warn him, that his previous life has been characterized with too much assiduity and toil. Surveying for a moment the new position in which we find ourselves placed, we are not without apprehensions, that our course, however conscientious, will always be of an unexceptionable character.

Among the ends for which Journals are established, a leading one

is universally recognized to consist in making a record of the observations, experiments, and reasonings of those who are at present in the field of inquiry. To select from these sources, that and that alone, which will repay *perusal* and prove available to the practitioner, is a task requiring for its accomplishment, not only a considerable amount of labor, but intellectual qualities of a very high order; and were it not that we expect, in the commencement, to draw largely upon the indulgence and liberality of our readers, and those engaged in similar pursuits, we should feel inclined to shrink from the task.

Constituted with an ardent veneration for "principles"—or the combined judgments of those who have investigated under circumstances the most favorable to the development of truth, it will be a source of pleasure to us, at all times, to hold these up as the landmarks by which all, exercising the duties of physicians should be guided; and also a recognized duty to bear our testimony explicitly against departures from them, wherever observed, or by whomsoever made. Adherence to principles we regard as *orthodoxy*, and as lying at the foundation of every thing useful; departures from them as *heresy*, with results as dangerous as the torch of the incendiary.

These remarks are intended to apply to those claiming a connection with the regular profession. With quacks and the various phases and forms of quackery, we expect to have but little to do. Observation, continued through a series of years, and considerations founded upon the philosophy of the origin of quacks, have convinced us that their extermination is most successfully accomplished by turning them over to their own ignorance, absurdity, and misdeeds. Argument or ridicule directed against them has but little effect. The former they do not understand; the latter is construed into persecution.

Prominently standing out before the Teachers and Journalists of the age, is the subject of medical education,—a subject agitated of late almost to the point of vexation, and regarded by many as being at present thread-bare. As long, however, as children are born destitute of medical information, and different plans and facilities are proposed for their instruction, the subject will continue to be one of interest.

Regarded altogether, our country, so fruitful in every thing useful, may be considered as being *enciente*—pregnant with young doctors. It appears, according to former and present usages, to be the

vocation of our Practitioners to superintend their stage of "*gestation,*" while our Medical Colleges seem to be performing the function of *accoucheurs;* and, whether right or wrong, the latter are not only compelled by the customs of the age, to assume the parentage of the offspring, but also to vouch for their character in the future—Now, it may be among our desires to pay some attention to the wants of the community with respect to this offspring, the number that are annually being born, their usual period of *gestation* and what kinds among them ought to be *asphyxiated* in the process of parturition.

According to tendencies, which in the old world seem to be unalterable, the time, we may immagine, is not far distant when, in our own country, the present system of private pupilage will be abandoned, and young men designed for the medical profession, will be found spending four-fifths of the year in attendance upon the prelections of professors. The efforts lately made to prolong the lecture term, may be recognized as one of the first movements designed to bring about such a result. And, as our profession progresses in a knowledge of its own usefulness and destination, other measure,s looking in the same direction, will be projected and kept before the public mind, until we are prepared for the transition. While this reformation is going on, it will be our aim to throw no obstacles in the way, but on the contrary contribute what we can to facilitate a change so desirable.

To bring about the best possible state of feeling among Physicians, and promote the profession in the confidence and respect of the community, there has been, from time without date, a kind of formal statement of the judgment of the good, and those having the most enlarged views, in regard to the method by which physicians should demean themselves towards each other, and also to those entrusted to their care. What we allude to is called a Code of Ethics. At the hands of the American Medical Association, this Code has lately received a revision and may now be regarded as containing a summary of precepts, as perfect as any that can be prepared. Our efforts, we hope, will be so directed as to give character to this instrument, and hold out all the inducements at our command for its observance, as the only means of perpetuating our usefulness and respectability as a learned profession.

Enough, perhaps, has now been said to indicate our course, or as politicians say, "define our position;" and, for the present, we

take our leave of the department relating to *promises*, and proceed to the more interesting one of *performance*.

THE LEGITIMATE GOAL OF PROFESSIONAL AMBITION is the title of an *Introductory* to the present course of lectures on Materia Medica at the University of St. Louis, by Wm. M. McPheeters.

The style of the address is good, above mediocrity, and the matter is of a character that ought to command the attention of all who aspire to honor or even usefulness. The propositions introduced for presenting the different aspects of the subject, are of a character in the general unexceptionable, and they are very agreeably and forcibly discussed. One of these reads as follows:

"*Forsaking all other pursuits, the physician must make his profession the grand object of his life.*" Commenting on this the author remarks: "Medicine, gentlemen, is a jealous calling; it brooks no divided affection, and half-way devotion, and bestows its honors only on those who continue to be its constant votaries."

Such doctrines are very appropriate at the present time. In a few months we will have some thousands of young men liberated for the time from the Medical Colleges of the country, each one of whom will find himself spontaneously deliberating on the means necessary to success. Let those who have aspirations ponder well in their minds the remark of Dr. McP.

Devotion, however, is not all that is essential to success. Industry, untiring application, in season and out of season, under all circumstances, it will be found, has characterised those who have become celebrated. Examine the habits of Sanctorius Boerhaave, Haller, Sydenham, Bichat, Sir Charles Bell, Ashley Cooper, Orfiela Graves, Rush, Physic, Eberle, Drake, and data will be obtained by which to ascertain the influence of industry properly directed, in giving character to men.

Many young men imagine themselves highly gifted by nature, and perhaps also possessed of that undescribed and indescribable phantom called *genius*, and upon such things they rely for success. Such are always disappointed. They may attain to the position of "clever fellows," but never to that of *men of science*.

NOTICE.

Those who are in arrears to the Journal will notice the change relating to Editor and Proprietor, and in future will direct letters on business, as well as communications, to the present editor.

BALLAST.—Those who are in want of this article on the subject of typhoid fever, will gain something by reading the article on *"Typhoidism"* published in this No. of the Journal.

DR. CARTWRIGHT'S PAPER ON YELLOW FEVER is published in our present number, notwithstanding its great length. Those who wish to see *false* facts, in regard to one of the most important diseases of the Western Hemisphere, handled without gloves will read it. We copy it from the New Orleans Medical and Surgical Journal.

MEDICAL FEES.—THE CREDIT SYSTEM.—At a meeting of the Medical Society of the county of Burlington, N. J., Oct. 11th, 1853, the following preamble and resolutions were offered and laid upon the table for final action at the next meeting:

"Whereas, There being many abuses connected with the popular credit system, as it prevails at the present time, whereby physicians are often defrauded of their just dues, the members of this Society are

"Resolved, That after the first of January, 1854, they will adopt the plan of presenting their bills for professional services, at the termination of each case of sickness.

Resolved, That the rates of charges as adopted by the New Jersey Medical Society, by which we are governed, are in our judgment just and honorable; and in acknowledging our fealty to it, we consider ourselves bound to execute its requirements."—*N. J. Medical Reporter.*

TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION.—The 6th Volume of this valuable national work has just been issued from the press, and is being forwarded to subscribers. It forms a volume of 870 pages, and is highly creditable to the Association and to the Publishing Committee. The book contains numerous colored litho-

graphic and wood cut illustrations, and is much more expensive and valuable than the volume of any previous year. Every American physician, who feels an interest in encouraging our national medical literature, or who would avail himself of a work, for its value, the cheapest medical publication of the day, should not fail to add a copy to his library. Though the subscription list is this year considerably increased, the Publishing Committee are still largely in debt. Dr. Francis Minot, of Boston, Dr. C. Hooker, of New Haven, Dr. A. March, of Albany, and Dr. H. W. De Saussere, of Charleston, have rendered the Committee effective aid in increasing the circulation of this year's transactions in their respective States. The actual cost of the volume to the Committee, is $2.90 per copy. It is furnished to single subscribers for $5; to Associations, taking twenty-five or more copies, for $3. Through either of the gentlemen above-named, a copy can be obtained by remitting the mininum price of $3. We trust that many of our readers will gladly improve the opportunity to procure the work at a price so reasonable.

Principles advocated by the Philadelphia Medical and Surgical Journal.—1. Cash payments at the time of rendering service in the practice of medicine.

2. Elevation of the standard of Medical Education.

4. Legal protection in the study and practice of medicine.

4. Thorough and complete organization of the members of the profession throughout the country—for the dissemination of medical and hygienic facts and the general welfare of citizens.

5. The establishment of a National Association for the Relief of the Widows and Orphans of Deceased Indigent Graduates in Medicine.

6. The establishment of a "Medical Publication Society," for the publication of medical works by the members of the profession.

7. The establishment of Veterinary Colleges in the United States.

Ecbrotic Treatment of Small Pox.—The Physicians in Montreal, and other portions of Canada, are using extensively the tincture of iodine (one dram to the ounce of alcohol) as a local application, particulary to the face, in the treatment of Small Pox. It is said to re-

lieve the smarting, and prevent the pitting or marking. It is applied every day with a brush, during the first five or six days of the maturing eruption. Another form in which it is used, is the powdered iodine in olive oil—1 dr. to 1 oz. of oil. Dr. Samuel Jackson, has we believe the credit of having introduced this practice some years ago.

Letter of Professor Judkins.—The attention of the reader is called to the letter of Prof. Judkins. It contains information of a valuable character, in regard to the men and things of Paris, the Athens, at the present time, of medical learning. Some of the practice detailed will not fail to strike the reader as being, in boldness, something beyond what we are in the habit of regarding as a proper respect for "life and limb." To somebody, however, belongs the office of experimenting; and at present as well as in former times, the French have been as conspicuous in matters of this kind as in those touching their political existence.

Among other things, Prof. J. speaks of having witnessed free incisions made into the knee-joint on each side, for the cure of chronic inflammation and ulceration of the parts; and also of an operation by Demares, on a patient who had a bit of percussion cap lodged in the posterior chamber of the eye. The operation consisted in making an incision through the sclerotic and choroid coats just behind the cornea, and through this, exploring the parts with a pair of forceps. Such operations must strike the Surgeons of our country in no very favorable light. With us, surgical science is cultivated for the relief of suffering and the prolongation of human life. We have not yet learned to appreciate the reputation that results from the performance of operations that it is known beforehand will prove unsuccessful.

The resignation of M. Louis, at Hotel Dieu, is a matter of no small moment to the cause of medical science. Few men of either ancient or modern times have labored more and theorized less in the department of pathology. With a mind uncommonly well balanced, he has exhibited great closeness and severity in his researches, and an uncommon caution against fallacies. He will retire from the field of his labors, with the impression on the part of the medical profession, that his contributions, in number and value, have, in all probability, never been excelled by any individual. His "*Numercial Method*,"

which consists in observing every case and every symptom of a case numerically, that we may, by the collection and analysis of facts deduced therefrom, be enabled to arrive at general conclusions and general laws, must continue for a long time to throw around his character an uncommon degree of interest.

ON ADHESIVE STRAPS IN FRACTURE OF CLAVICLE.

"*Dear Sir*:—In looking over No. 9, of "Philadelphia Medical and Surgical Journal," Case 2, "Private Practice," called to mind a case I had last summer. Henry S., a fine, noble looking little fellow, six years old, riding with his father in a light York wagon, was thrown out, and fractured the right clavicle. Having frequently seen the difficulty, nay, impossibility, of using the usual "apparatus" with children, I thought of trying adhesive straps. After bringing the ends of the bone in oppositon, I applied a sufficient number of strips of adhesive plaster, about an inch broad and twelve long, firmly from the breast to the back, over the clavicle, and then secured a compress, with one or two strips over the seat of the fracture — the elbow, forearm and hand well supported in a silk hankerchief. I have treated a good many fractures of the clavicle in my time, but never one with more satisfaction to myself, or more ease and comfort to my patient. In three weeks he was using his arm, and the seat of the fracture can now with difficulty be detected."

W. Gardiner, M. D.

The Old Dominion.—If we are not very much mistaken, we can *see* such a developement of home talent, determined to make its mark in this old State, that the time is not far distant when but very few medical students will go further North to obtain a medical education. The young physicians of Virginia are making a noble effort to place medicine in their State where politics have always been — in the front ranks. We like her manners — we congratulate her on the number of young and talented men at present in the field, and would be pleased to see her do with the crown of medicine as Napoleon did with the iron crown of Charlemagne — put it on her own head.—*Phil. Med. and Surg. Jour.*

[Untimely End of a Physician.—The following melancholy occurrence, if there were no others of a like character on record, admonishes physicians that they are but men; and that indulgence to excess in poisonous drinks works out fearful results:—Ed.]

"Dr. J. A. C., of this county, a gentleman universally liked and much esteemed by his neighbors and friends, a successful farmer, and an excellent physician, was found dead in his bed on Wednesday morning, about 3 o'clock, his throat horribly cut. Notwithstanding his many excellent qualities, he had one besetting sin which proved his ruin—he indulged too freely in intoxicating liquors. He made repeated efforts to reform, and some months since joined a division of the Sons of Temperance; but a short time after he was tempted, his unconquerable appetite overcame his good resolution, and he fell. The consequence was, that he was attacked with mania, and during his temporary insanity, his attendants having fallen asleep, he procured a knife and put an end to his own existence. Those in his neighborhood, particularly the poor, will deeply feel his loss, and none that knew him but must regret this deplorable end of a high-minded, generous, and noble man, himself his only enemy."—*Boston Medical and Surg. Jour.*

Faults of Medical Writers.—In the discourse by Dr. Samuel Jackson before the Philadelphia County Medical Society at its last annual meeting, we find the following remarks on a subject which deserves the attention of the profession generally—especially those who are in the habit, as all should be, of writing occasionally for the press.

"Let the young doctor do his very utmost in acquiring a habit of writing with *perspicuity, propriety and precision.* Let him seek no other ornament, for medical language is, like Thompson's loveliness, when "unadorned, adorned the most." No merit will make amends for the want of perspicuity. I can show whole paragraphs in our American books which have no meaning whatever, being similar in this respect to those verbose letters that Queen Elizabeth used to write when she had pre-determined to say nothing. Medical diction ought to use as few words as possible, thus going the shorest way to the end of a thought. An English writer on morbid poisons, wishing to describe the daily progress of the variolous pustule, uses the

following verbosity: "You receive from a long distance, from Dublin or from Edinburgh, a lancet, on the point of which there is a little dry animal matter. This lancet has pricked the pustule of a patient suffering with smallpox, and the contents of the pustule have been suffered to dry on the lancet. Now with this lancet you make a single puncture in the arm of a healthy person, not previously defended by vaccination or otherwise, and what results?"

Now suppose this author, Dr. Simon, had wished to describe also, the effect of a rattlesnake's bite, he might have begun thus: You receive from a long distance, from Utah or California, a rattlesnake, which Linnæus calls *crotalus*, it may be the species *horridus* or *durisus;* this dreadful animal has a sacculus of poison at the root of each fang, and when he bites, these sacculi pour forth their deadly contents along a groove in each fang. Now you permit this animal to bite a horse, for an experiment, or perhaps it bites one of you and what results? In this multiplication of useless verbiage, a great amount of time is wasted without any compensation.

In a celebrated medical journal, we have this circuitous way of saying that a certain medicine was probably useful in rheumatism; the disease was cured in eleven days; "and lemon juice, if it was not the principal remedy, certainly exerted an important influence toward the production of that end." What think you, gentlemen, of *producing* or *leading forward* an end or a cure? One might suppose that the writer was a cobbler, and that he was talking about the *producing* or the *pulling forward* of his waxed-end. And then he has lemon-juice *making an exertion, and exerting an influence.*

Why should a writer say, "I had recourse to a medicine," if he had not previously used it in the same disease? This word means a running backward. The simple English word to *give*, is often supplanted by the Latin word to *exhibit;* that is, to make a show of the medicine. A shopkeeper *exhibits* his goods, a physician *gives* or *orders* his medicine. Celsus took nearly all his ideas from the Greeks, but he did not copy their words. I believe he never uses the word *exhibere*, but *dare et uti*. Sometimes he says *adhibere*, but this does not mean *to make a show;* moreover, it is pure Latin. His own language was sufficient for him, except in the mere naming of diseases; and hence one reason that his style and manner are universally approved.

It is of no little importance that our young author should not practice the coining of words. A new idea may require a new word,

but old ideas will always be most intelligibly introduced by known terms; hence the great English lexicographer, whose head might well be fancied as swarming with words, introduced only four in all his writings. His rule was, "to admit only such as may supply real deficiencies, such as are readily adopted by the genius of our tongue, and incorporate easily with our native idiom." If a little license be granted how will you define its limits? How will you definitely measure the old vulgar phrase *too much?* A little liberty will prove like moderate drinking, and lead to intemperance. If every writer of the present times should coin words at his pleasure, and the next generation should adopt them and add to them, what odious gibberish would then fill the air! It is told of Sir John Mandeville that, when far in northern Asia, with his retinue, their words were all frozen before they could be heard, and that, on coming south, they were suddenly thawed, and filled the air with their liberated voices. I can hardly credit this fact, as the amiable author does not relate it himself, and yet something similar may happen to the jargon of the present generation; while confined to books it may pass without much notice, but our successors may find the accumulated vocabulary to become a clattering of unmeaning voices, the mere echoes of our vanity, and as unintelligible as Sir John's thawed vocables.

In the Transactions of the American Medical Association you may find some animating specimens of these important additions to our deficient language. *Numerism, socialism, sensationalism, subjectivity, progressionist, therapeutication, truths eliminated, annexes of the heart.* A writer in vol. iv., p. 58, calls impressions "*intuitively-felt relations,*" and then inquires, "Are not all the felt relations based on the immediacy and intuition, and not on representational and transmitted impressions." Truly, if men in high places continue to pour forth such floods of impurity, men in low places may well complain; hence I have ventured to notice the subject; it pertains to *self-education,* which is our present topic."

Cod-Liver Oil.—It is said that the nauseous taste of this medicine may be removed by chewing and swallowing a small quantity of the roe of a smoked herring, both *before* and *after* taking the oil. A piece of sardine will answer the same purpose.

Duty of Medical Men.—Dr. Todd, in his farewell address, on resigning his professorship, made the following remarks:—

"It appears to me, that when a man proposes to devote himself to the practice of an honorable profession, he has a two-fold duty to perform; first, to fit himself to the utmost of his ability for the practical duties of that profession, and, secondly, having done so, it is incumbent on him to divest himself, as far as possible, of every engagement which may interfere with his bending his thoughts and attention to the various, anxious, difficult, and often perplexing questions which are continually arising in the course of his professional practice. Every member of a liberal profession should keep it constantly in view that he exercises his calling not only for his own personal benefit, but for the public good, and for the good of his profession at large. So every practising physician or surgeon, whether the sphere of his labor be within wide or narrow limits, should bear in mind that in the successful application of his art, by fair, honorable and truthful means, is involved the repute and estimation in which his profession is held by the public at large. Let each of us act under the feeling, that to himself specially is committed the keeping of the honorable character and the scientific credit of our common profession, and he will have the strongest motives, not only to eschew everything that savors of charlatanical pretence, but to seek for and insure the highest means of moral and intellectual culture."—*Med. Gaz.*

Adulterated Cream of Tartar.—A very large portion of the cream of tartar used for domestic purposes, and, what is even worse, much of that used for medicine, is badly adulterated. A writeri the Boston Journal says that an examination lately made of six specimens showed in the purest, sixty-two per cent. of foreign matter.—The consequences are unwholesome bread and inoperative medicine. An extensive dealer in the article states that three barrels of alum and three of flour were lately sent to a mill in Boston, with instructions to be manufactured into cream of tartar, and to be labelled with the name of the manufacturer. The man refused to place his label upon a spurious article, and the raw material sent to some more compliant person. Ground cream of tartar is sold in many of the shops, lower than the crystalized can be afforded, and is of course adulterated. Grocers should be very careful in their purchases, and house-

keepers should be quite as careful. The writer in the Boston Journal says of the specimens analyzed:

"The added ingredients consisted of white sand, ground pumice, ground rice, and flour. This is a vile compound to offer to a sick child or an adult invalid. If the purchaser will provide himself with a small phial of the solution of iodine, and place a drop in connexion with the suspected article, the presence of flour or any article containing starch, is instantly shown by the blue tint which follows. Let him place a few grains in boiling water, and if it is not entirely soluble, let him reject it. An experienced dealer can always judge with a great degree of accuracy by the appearance of the article.—Pure cream of tartar is intensely white, and has a degree of moisture and cohesion about it entirely unlike flour, or any of the articles used to adulterate it."

It is a wonderful evidence of ingenuity--to say nothing of the rascality of it—the great extent to which adulteration of the most common articles is carried. Articles so cheap that it would not seem an object to cheat in their preparation are mixed up with something a little cheaper, and often very deleterious to health. Stringent laws should be passed for the inspection of all substances intended for food or medicine; the spurious articles should in all cases be destroyed without mercy, and severe penalties should be visited upon those who manufacture them or knowingly sell them.—*Providence Jour.*

Cholera Infantum.—The efficacy of sub-nitrate of bismuth in this affection is incontestible. During the past summer we have had occasion to employ this remedy in a considerable number of cases, and have had every reason to be satisfied with its effects. The bismuth is best administered to children in suspension; the following formula is convenient: Sub-nitrate of bismuth, ℥ij; gum-arabic in powder, ℥j; orange-flower water, and simple syrup, each ℥j; water, ℥j. A tea-spoonful every hour. We have found the anti-vomitive powers of this mineral to be very remarkable.—[Virginia Med. and Sur. Jour.

Gleet.—M. Bourgeois has found the following formula of substance in this obstinate affection: Balsam of tolu, ℥iij; liquor of sub-acetate

of lead, ℥iij; linseed oil, ℥iv. Reduce the balsam to a fine powder; add three drachms each of the lead water and oil; then make an emulsion of the whole by adding gradually the remainder of the oil.

This injection is intended for blennorrhea; the amount of balsam and of sub-acetate of lead being diminished, the remedy may be advantageously employed in gonorrhoea.—[*Rev. Med.*

Otalgia.—Dr. Delioux announces (*Bulletin de Theraputique*) a simple remedy, which he has found efficacious in relieving a large number of cases of neuralgia of the ear, and also in curing those cases of erythism in which the chief symptom consists in distressing humming and ringing in the ears. This is local etherization. A few drachms of ether are placed in a bottle, the mouth of which is adapted to the external meatus. The bottle is grasped in the palm of the hand, and the animal warmth suffices to volatize the ether.—Dr. Delioux states that the effects of this treatment are rapid and permanent.—[*Ibid.*

The town council of Fredericksburg, Virginia, have recently passed an order, directing that the tax on licenses, paid by lawyers, physicians and dentists, for the year 1852, should be refunded. This is in accordance with a decision recently made by Judge Lomax, that such taxes are unconstitutional.—*Fredericksburg Herald.*

The New Orleans Bulletin states that the yellow fever first made its appearance in New Orleans in 1794, and continued until 1797. The population of the city was then less than ten thousand, and the average annual mortality nearly seven per cent. In 1822 the highest number of deaths, in any one day from yellow fever, was sixty. In 1833 the highest estimate in one day is put at fifty-three. In 1841 the highest number 43. In 1847, on the 2d day of September, 77; and this year, on the 5th inst., 208 died of this disease—that being the most fatal day.

In the course of an inquest, in London, lately, Mr. Wakley, the coroner, observed that it would be well to acquaint the public with the fact that if persons in a house on fire had the presence of mind to apply a damp cloth or handkerchief to their mouth and nostrils, they could effect a passage through the densest smoke; but the surest mode would be to envelope the head and face completely in the damp cloth.

Starling Hall, (late Howard Infirmary.)—In consequence of the declining health of Professor Howard, the Trustees have placed this institution under the medical care of Dr. F. Carter, Professor of Obstetrics and Diseases of Women. Dr. S. M. Smith, Professor of Theory and Practice, and Dr. R. J. Patterson.

Starling Hall is well fitted and furnished. It embraces departments for the treatment of medical and surgical cases, an Eye Infirmary, &c. A fine suit of private apartments are neatly furnished, supplied with baths, &c., and set apart expressly for the treatment of diseases of females.

This institution is peculiarly adapted to the treatment of those chronic diseases, which for want of proper appliances and means for carrying out indications, were resisting, and likely to resist such treatment as the general Practitioner is able to adopt and enforce; and as such we recommend it to the profession and the public. See advertisement.